

Houston Graduate School of Theology

**Design and Implementation of a Volunteer Respite Care  
To Caregivers Project for the Pastoral Care Ministry  
at the Church Without Walls in Houston, Texas**

A Project Report Submitted to the Faculty for Students in  
Candidacy for the Degree of Doctor Ministry

by

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Houston, Texas

May 2021



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To Caregivers Project for the Pastoral Care Ministry  
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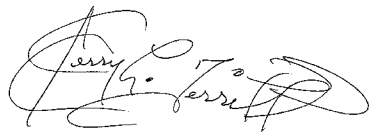
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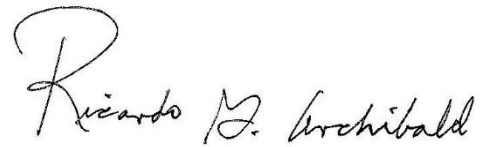
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A handwritten signature in cursive script that reads "Ricardo G. Archibald". The signature is written in dark ink and is positioned above a horizontal line.

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Ricardo G. Archibald

## **Acknowledgements**

First, giving honor to God, the author and finisher of my faith for enabling me to finish the task He has enlisted, empowered, and enabled me to complete, I offer thanks for the ocular reminder that, in life, things may appear to be difficult; however, nothing is impossible for God, the Creator of the earth and the fullness therein. To my mother, Edna Thomas Atkins Archibald, and my dad, Alfredo Archibald, thank you both for birthing, believing, and always encouraging me to be the man I have become.

To my wife of fifty years, Gloria Elsa Lord-Archibald, I thank God for who you are, a representative to His Kingdom, as a faithful believer and the mother of our daughters, Chandra and Kali, as well as our six grandchildren, Amani, Kierra, Karim, Javan, Koran, and Kamille. I thank you, Gloria, for your unfailing love and sustaining presence during these fifty years on this journey of togetherness, the only girl my mother has ever met as my girlfriend.

Gloria, I remember how you would walk me to school at Brooklyn College in the evenings to class when Chandra was a little girl, place her in the carriage when she became tired, take the number 44 bus back home to 3403 Foster Avenue in Brooklyn, New York, and lay in the chair, through the late hours of the night, as I completed my schoolwork through the years at Baruch College, Hunter College, Pace University, and throughout my school years at Southwestern Theological Seminary, and, presently here at Houston Graduate School of Theology.

Kali, thank you for inviting me on the third Sunday in August 1990 to the Church Without Walls on Bingle Avenue in Houston, Texas, where we visited and are now on our 30<sup>th</sup> year on this spiritual journey. It was Kali who told me, "Daddy if you find time for God, God will find time for you!" I thank God for Chandra, our first child, of whom the doctors had informed my parents that I might not be able to birth children due to my fall from a swing as a child and the damage to my spine; yet we birthed two children. Chandra has been truly a blessed, excellent daughter, big sister, mentor, and friend to her sister, Kali. I thank God for blessing us with six grandchildren, five having now graduated from high school, and Kamille, now a 5<sup>th</sup> grader.

I thank God for my Pastor, Rev. Ralph Douglas West, Pastor/Founder of The Church Without Walls, who accepted me just as I was, a diamond in the rough, mentored, and encouraged me to become who I am, a servant of the Living God. Pastor has been mentoring both Gloria and me through the years while we continue to serve and grow in God's grace and knowledge through the various ministries within The Church Without Walls. To God be the Glory! Amen!

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## **Preface**

This ministry project was originally designed to develop, train, and implement a Volunteer to Caregivers Respite Care to Caregivers Program at the three campuses of The Church Without Walls (TCWW): Bingle – North, Northwest – Northwest, and Southwest – Eldridge. Following the acknowledgement from Pastor West, a brief meeting was held with Rev. James Harris, Head of the Pastoral Care Ministry. Rev. Harris deemed this Volunteer Respite Care to Caregivers Program a good idea for times such as this with the aging of the congregation; thus, this opportunity would be used to equip the next generation of parishioners to develop as leaders among the congregation.

## **Abstract**

The Volunteer Respite Care to Caregivers Program was conceived as a response to the ongoing work of caring for family members who are unable to care for themselves short- or long-term. The project location—The Church Without Walls—is a megachurch with thousands of members. It was determined that the ministerial staff could benefit from the development of a pastoral care ministry such as this. Unbeknownst to the Project Director, the training for the program was held during a worldwide pandemic, underscoring the need for a program to care for caregivers.

## **Chapter I**

### **Introduction**

The Volunteer Respite Care to Caregivers Training Program at The Church Without Walls was designed to train six to ten volunteers from among the Pastors, Ministers (Kerygma), Deacon Family Life Ministries, and lay volunteers of the congregation, who will serve as Respite Caregivers to caregivers for family members of The Church Without Walls. The presenting problem was to determine whether there is a need for a pastoral care program (Respite Care to Caregivers Training Program) at The Church Without Walls in order to create an environment in which small groups from the Pastors, Ministers (Kerygma), Deacon Family Life Ministry, and lay members from the congregation as a whole, will understand what it means to be a disciple and a servant of Jesus Christ through ministering to caregivers and their families.

The Church Without Walls (TCWW) is called and sent to three particular communities within the Houston, Texas, standard metropolitan statistical areas by God to serve as a sign and foretaste of God's reign and rule in the world: 1) North – 5314 Bingle Road, Houston, TX 77092, 2) Northwest – 5725 Queenston Blvd, Houston, TX 77084, and 3) Southwest – 7500 Eldridge Pkwy., Houston, TX 77083. The coterminous ethnic population and the three church communities ranging from lower-lower to lower upper class provided an excellent location for the focus of the project.

The project came into being due to personal experience with the need of providing respite care and receiving care as a caregiver. The idea was to train a group of

volunteers to train a team of people within the large setting of TCWW to minister to older adults in need of these important services.

Presently, TCWW, one church in three locations, encompasses approximately 150,000 square feet of space, forty acres of land, and embraces 20,000 members, which includes 16,443 families. In addition to reaching national audiences through weekly television broadcast and Internet streaming, TCWW actively supports work on multiple mission fields both at home and abroad. The Church Without Walls averages 9,000 in weekly attendance.<sup>1</sup>

The vision for establishing the Respite Care to Caregivers Program emerged in answer to the question, “What is the church looking for?” In response, the Church Without Walls Respite Care to Caregivers Training Program will attempt to do two things:

1. Motivate: Persuade, spur, and impel the hearts of God’s people, leadership, and members, to reach out to caregivers or their family members who are sick or shut in and in need of a respite from the toil of caregiving to their loved ones.
2. Collaborate: All participants of the Respite Care to Caregivers must work together to create a climate that will foster people who will promote a respectful interaction that results in the cooperative exchange among all team members in the Respite Care to Caregivers Training Program at the Church Without Walls.

### **Project Outcomes and Measurable Assessment**

The Project was designed with two major outcomes. Outcome #1 was designed in regard to development of a Small Group Environment. To meet this outcome, six to ten leaders were identified, to be trained and appropriately equipped to develop Volunteer Respite Caregivers with the much-needed skills to become respectful, compassionate,

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1. <https://www.churchwithoutwalls.org/history/>. (accessed March 18, 2018).

attentive, focused caregivers with a passion to serve as a sustaining presence for the respite caregiver and the sick or shut-in family member(s). The outcome has been measured by the number of Volunteer Respite Caregivers who have been trained, the number of Volunteer Respite Caregivers groups formed, the types of skills developed for implementation, and the impact of the ministry focus. Evaluation of this outcome is presented in Chapter IV of this report.

Outcome #2 relates to impact on the congregation. The first step was to engage 20% of project participants into small groups of Volunteer Respite Caregivers. Enrollment, attendance, and completion records were used to assess and evaluate the extent to which the congregation attended the training and was actively engaged with the project. The next step was to design, implement, and evaluate pre- and post-project surveys to determine congregational participation, as well as how the congregation, various ministries, and age groups were impacted by the implementation of the program. The evaluation and measurement for this outcome also appears in Chapter IV.

With certifications and licensures that include ministry and service, the writer felt especially suited to offer a project like this. Certifications and licensures include Marriage and Family Therapist; Licensed Anger Therapist; Commissioned Missionary; Licensed, Ordained, and Board Certified Biblical Therapist; Certified Sex Addiction Counselor; Certified Family Dispute Resolution Mediator; Child Protective Services Mediator and Certified Child Care Services Provider, Licensed U.S. History teacher; Licensed School District Administrator; and Licensed International Baccalaureate Schools Administrator. Leadership gifts and abilities include teaching, administration, preaching, and benevolence.

## Discovering Spiritual Companionship

Among the smiling faces of those passing through the church doors on Sunday mornings are many who long for deeper, more genuine relationships in their congregations. They hunger for relationships that nurture them and challenge them to grow spiritually and for connections that move past surface pleasantries into the real joys and heartaches of life. In a postmodern context that is increasingly fragmented, congregations are looking for a place to take off their masks and simply belong—to come home to other people and to God. As some pastors will readily admit, developing a culture of honest and open conversation about life and faith, a place to be at home with one another, is not an easy task.

Some are choosing to address their needs by reaching back into the traditions of the church, hunting for wisdom and resources about communal life that continue to have meaning for their contemporary context. As congregations begin to share their convictions with one another, they should be able to develop a trust and a relationship that may grow over time in this differentiated postmodern context.

Angela Reed, Richard R. Osmer, and Marcus G. Smucker, in their book, *Spiritual Companionship: A Guide to Protestant Theology and Practice*, highlighted how Pastor Marcus, who faced significant crisis in his life after serving as the pastor of an inner-city congregation for twelve years, seemed to have “hit a wall.” Even though things were going well in the congregation and in his personal life, he began to feel dry and empty emotionally and spiritually. Although he was still reading Scripture and praying, his passion for ministry was fading, and preaching was becoming difficult. After approximately six months of struggle, his congregation gave him some extra time for

personal renewal. Following his six months sabbatical or personal renewal period, in response to a friend's suggestion, Pastor Marcus came down from a cabin in the mountains, his first experience of extended solitude. Pastor Marcus went on a personal retreat alone, resting and relaxing, hiking and praying, pondering Scripture, writing in his journal, staring out the window, and fasting. By the second day, Pastor Marcus recognized that the Holy Spirit was stirring anew within him. He soon noticed that as he became more aware of God, he was also led to a deeper awareness of his thoughts and feelings. He commented that at the end of three days he was in awe. He felt humbled and tired; yet, reinvigorated and deeply reassured of God's presence. Pastor Marcus remarked, "For me, the encounter bridged the gap I felt with God and with my own self. I discovered that it was not God who was distant, but it was I who needed time and focus to keep himself open to God in new ways."<sup>2</sup>

Pastor Marcus mentioned that his experience changed some of his thoughts about who God is and how it related to God. He began to reflect on his patterns of prayer. He came to realize that sometimes his interactions with God at a preconscious level were still being influenced by earlier feelings of isolation, a sense of emotional abandonment and emptiness rising out of his childhood and youth. He recognized that his prayers sometimes focused more on seeking than receiving, more on his needs than on God's presence and provisions, he was becoming clear that spiritual practices including solitude, meditation, and journaling could help him on this journey.<sup>3</sup>

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2. Angela H. Reed, Richard R. Osmer, and Marcus G. Smucker, *Spiritual Companionship: A Guide to Protestant Theology and Practice* (Grand Rapids: Baker Academic Publishing Group, 2015), xii.

3. Ibid.

The development and practices of Spiritual Companionship teams, as part of the project, was thought to challenge and assist the implementation of the Volunteer Respite Care to Caregivers Program and the congregation as a whole to open themselves to seek first the presence of God in their lives, follow God loyally, wait patiently on God, deeply believe in God, and serve God while continuing to grow in their relationships with God as the congregation comes to understand that God truly desires to be in communion with His Church, His Spiritual Community. The project was designed to instruct the Church in its understanding of how to embrace the concept of spiritual companionship by reading and practicing the twelve classical spiritual disciplines. The Church would then be equipped to reimagine its approach to the Volunteer Respite Care to Caregivers Program and would serve as an invitation to the congregation to experience this spiritual renewal through Spiritual Companionship and spiritual formation processes.

### **Growing in the Church through Spiritual Companionship**

The central problem facing the Church in the 21<sup>st</sup> century, or this postmodern context, is how to routinely lead its congregation through a path of spiritual, moral, and personal transformation that leads its congregation into authentic Christlikeness in every aspect of their lives, enabling its congregation, in the language of the apostle Paul, “to walk in a manner worthy of the calling with which you have been called” (Eph 4:1).

An integral component of the pastoral care ministry practices of the Volunteer Respite Care to Caregivers Program prior to its implementation was compassion. Doebling concluded in her writing that compassion plays a vital role in the process of pastoral care. Care seekers often bring narratives of pain. Entering the mystery of another’s pain requires compassion. In a literal sense, compassion, or *cum passio*, allows



caregivers to suffer with care seekers. “Compassion therefore requires the capacities for emotional intelligence and empathy, entails the discipline of being able to surrender to and be moved by the emotional experiences and needs of the other.”<sup>4</sup>

Since the postmodern Church is increasingly fragmented, congregants today travel outside of their congregations, hoping to find relationships that are worth their time and effort rather than looking within their congregation to find spiritual companionships that could be hidden or overlooked that could help them to address their present longings for spiritual companionship.

Reed, et.al., offer personal renewal to the 21<sup>st</sup>-century Church as a sign and witness to God for mutual enrichment of the Church and the diverse gifts of the one Spirit within the body of Christ to bring about unity which every church desperately needs to effectively do the work of the LORD in the world. Personal renewal and effective spiritual companioning takes place when the Church learns how to listen to the voice of God by reading His Word, listening to His voice, receiving and believing His Word, praying, and standing firm in obedience to His Word as practitioners continue opening up to God in new ways so that prayers focus more on seeking rather than receiving—seeking God’s presence rather than pursuing God’s provisions; then, spiritual companioning will take place in God’s timing.<sup>5</sup>

The spiritual practices outlined below were considered important at the outset of the project to challenge and assist the Church in its search for a deeper relationship with

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4. Carrie Doehring, *The Practice of Pastoral Care. A Postmodern Approach* (Louisville: Westminster John Knox Press. 2006), xxii.

5. Reed, Osmer, and Smucker, *Spiritual Companioning: A Guide to Protestant Theology and Practice*, xii.

God as the Church learned to open itself to God; since God truly desires to be in communion with His Church, His Spiritual Community. As the Church embraced how to participate in spiritual practices, the hope was that the Church would learn how to reimagine its approach to the Volunteer Respite Care the Caregivers ministry, invite the congregation to experience this spiritual renewal, and effect Spiritual Companionship to take them to a new level of faith.

### Steps toward Practices of Spiritual Companionship

Seven steps toward development of the practices of spiritual companionship were instigated as the church began its work to develop the project.

1. Establish the groundwork for understanding companionship as a relationship of presence that encourages deeper awareness of God's work in the soul of each person and community.
2. Introduce a vision of the Church that is rooted in a culture of intentional spiritual companionship.
3. Focus on one-on-one spiritual direction to establish a formational relationship.
4. Identify key elements of groups in which genuine spiritual companionship takes place.
5. Focus on spiritual companionship in everyday life. Develop a theological and practical framework for discerning God's presence and activity in daily life through shared spiritual practices and accountability.
6. Portray the spiritual life as a journey and consider the different forms of spiritual companionship a congregation might offer individuals along their journey.
7. Address the necessity of companionship for spiritual leaders. Note: Leaders who want to provide spiritual companionship for others must commit to seeking spiritual companionship for themselves.<sup>6</sup>

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6. Reed, Osmer, and Smucker, *Spiritual Companionship: A Guide to Protestant Theology and Practice*, xix.

## **Project Overview**

A summary of the project, then, includes several components. First, the Project Director collaborated with TCWW's Christian Education Ministry to identify and implement curricula to enhance the skills of the Respite Care volunteers to better serve caregivers, their families, and the congregational life as a whole at the Church Without Walls; particularly, the Pastors, Ministers (Kerygma), Deacon Family Life Ministry, and other Lay Volunteers who were called to serve as volunteer respite caregivers.

In order to aid project effectiveness, Volunteers Respite Caregivers ministry members completed spiritual gifts inventories to discover, develop, and disseminate their spiritual gifts, and duplicate themselves. All ministry volunteers succumbed to background checks and a one-day certification classes at TCWW. A final step in the process included conducting spiritual companioning small group sessions within the congregation using spiritual practices to enhance theological awareness of God and how to listen to and appropriately respond to God's activity in everyday contexts.

All of this and more will be discussed in the ensuing chapters. The report will now turn to the research that was conducted to establish the project's foundation.

## **Chapter II**

### **Foundations for Pastoral Care and Spiritual Community**

Pastoral care in the twenty-first century church is a vast project because of the increasing needs of this present postmodern context. Each culture has its challenges and needs, regardless of its devout or established practices. The evolution of pastoral care attempts to accommodate the needs of the people through multifaceted supportive ministries; one of which is respite care for caregivers. The expectations of congregants needing pastoral care exceed those in previous generations.<sup>1</sup>

This research project scrutinizes the broad subject of pastoral care and specifically directs its attention to the topic of respite care due to the increased births and a declining humanity death rate which provides sufficient opportunities for family members to become caregivers to their loved ones. Many families are affected by this shift in the population data. Approximately three-in-ten adults have at least one parent, aged sixty-five or older, resulting in a demographic shift that has the potential to burden families in the coming decades.<sup>2</sup> To develop a volunteer respite care to caregivers program, this project takes a broader view of pastoral care before focusing in on respite care. This project looks at the correlation of respite care to the overall module of pastoral care for the church in this postmodern context. This chapter will include major sections on

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1. Kim Parker and Juliana Menasce Horowitz, "Family Support in Graying Societies: How Americans, Germans, and Italians Are Coping with an Aging Population," (May 21, 2015), accessed June 14, 2019, <https://www.pewsocialtrends.org/2015/05/21/family-support-in-graying-societies>.

2. Ibid.

Pastoral Care, Historical, Theological, Biblical, Ecclesiological, and Practical Foundations.

### **Pastoral Care Foundations**

In its most general sense, pastoral care refers to the ministries/services usually performed by a pastor. Some denominations of the Christian faith use the phrase to refer to more specific aspects of a pastor's ministry, such as counseling and visitation. The core idea of pastoral care is that pastors are to care for their congregations.

Rabbi Stephen B. Roberts in his book, *Professional Spiritual and Pastoral Care: A Practical Clergy and Chaplain's Handbook*, suggests that the term "pastoral care" was first used in 1967, as a Christian term to define "helping acts done by representative Christian persons, directed toward the healing, sustaining, guiding, and reconciling of troubled persons, whose troubles arise in the context of ultimate meanings and concerns."<sup>3</sup>

Often, people have a misunderstanding of exactly what pastors do, thinking that their primary responsibility is preaching on Sunday. Beyond preparing and delivering a sermon, pastors also provide pastoral counseling, visit the sick and injured in hospitals, and disciple members of the congregation through phone calls, lunch meetings, and other social engagements. Pastors serve as chaplains in hospitals, the military, workplaces, schools, and prisons. These ministries reveal aspects of pastoral care.

Another meaning of pastoral care that should be mentioned comes from recognition of the tremendous amount of stress and burn-out that many pastors

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3. Stephen B. Roberts, *Professional Spiritual & Pastoral Care: A Practical Clergy and Chaplain's Handbook* (Woodstock, VT: Skylight Paths Publishing, 2012), 123.

experience. As a result, some ministries that use the phrase “pastoral care” to refer to ministry to pastors. Secluded locations where pastors can get away for a time, counseling ministries to pastors and their families, and even the pastoring of pastors are aspects of this form of pastoral care. Perhaps the best understanding of pastoral care is that pastors are to care for their congregants as they are to care for their pastors. It is important to note that other faith traditions may use different terminology for this function described as “pastoral care,” and so variations may be found regarding what is an expected and normative practice of care.<sup>4</sup>

“Pastoral care” was a term used by professionally trained individuals, such as social workers, particularly in the church. It was about visiting the sick, providing for the poor, counseling those who experience grief, relationship-building with the sick and lonely, caring for the needy, and helping people with their problems; this was what pastors should do. Preachers preached, but pastors took care of people’s social, relational, physical, emotional, and spiritual needs.

Practitioners have expanded the definition of pastoral care to include clergy of all faiths who engage in the work of pastoral care. The practice of pastoral care is a work that has not generally been limited to the individual’s culture, challenges, needs, or established practices regardless of the individual’s religious devotions or established practices.

The practice of pastoral care is more about two major components: presence and attitude, because the foundational work is about the pastor or clergy fostering a relationship with the caregiver and patient as opposed to providing them with some

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4. Roberts, *Professional Spiritual & Pastoral Care: A Practical Clergy and Chaplain’s Handbook*, 124.

direction and guidance for working with techniques. To this end, pastoral care may be defined as the pastor or clergyperson building a radical relationship with the caregiver, patient, family member(s) by showing hospitality in its many forms, individualistic and communal. Pastors or clergy members may work with patients in the hospital rooms, day care facilities, hospice care facilities, church offices, prisons; or, at home. Their mindset is to prepare the patient for a renewed hope, increased wisdom, and spiritual strength for returning to their communities.

Roberts remarked:

Effective pastoral care means that the pastor or clergy assists the caregiver, the patient, and their family members to develop boundaries and excellent self-care habits. Being available in times of need is good, but teaching caregivers, family members, patients, and others the valuable lessons of developing good boundary settings is one of the goals of effective pastoral care.<sup>5</sup>

Pastoral care takes many forms, depending upon the historical and global context in which is offered where the church is planted to serve its parishioners and the coterminous communities where the local church is planted to listen to the mild-mannered stories of trauma beneath the stories of God's hurting people.<sup>6</sup> God will empower and embody His enlisted servant-leaders and parishioners to become a sustaining presence as caregivers and respite care to caregivers of the sick, shut-in, hurting family members, and friends.

Pastoral care is often considered, spiritually speaking, as a form of sharing in the suffering of others during their time of need, especially during an emergency or

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5. Roberts, *Professional Spiritual & Pastoral Care: A Practical Clergy and Chaplain's Handbook*, 27.

6. Doebling, *The Practice of Pastoral Care Counseling: A Postmodern Approach*, xxii.

supportive crisis care offered by the pastor, ordained members of the clergy, or other religious communities. Carrie Doebling poignantly commented that, historically, pastoral care in a Christian context has been referred to as a form of spiritual sharing in the time of a family crisis or need—during an emergency or spiritual crisis.<sup>7</sup>

Caregivers often feel overwhelmed by the many challenges, hoping that someone might hand them a road map, a manual, hold their hands, and guide them through the uncharted territory regarding what it means to be a caregiver or in giving respite care to a caregiver, their friends, families, or loved ones. “Pastoral care providers come alongside these often-weary caregivers, offering help and hope during difficult times.”<sup>8</sup>

Within health care, military, occupational, educational, and correctional settings, the term “spiritual care” is used to describe care that respects and actively engages religious differences. Intercultural spiritual care goes beyond an acknowledgment of religious difference (religious plurality) to creating respectful relationships for working with differences in values, beliefs, and practices (religious particularity).<sup>9</sup> There are no fixed curricula specifically developed to prepare a pastoral care team, caregivers, or respite care to caregivers teams, or their loved ones. The practice of pastoral care does not require that the individual caregiver, respite care to the caregiver, or family members need to have a degree to understand that there are major disparities that must be resolved before presenting better practices to more effectively care for a friend, loved one, or family member.

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7. Doebling, *The Practice of Pastoral Care Counseling: A Postmodern Approach*, xxiii.

8. Ibid.

9. Ibid.



In his book, *Pastoral Care in Context: An Introduction to Pastoral Care*, John Patton vividly described the practice of pastoral care through embodying three theological languages. The first-order language is the collection of phrases like “God loves or remembers individual,” which is story, hymn, or ritual expressing the way an individual or a community affirms its relationship with God. It is also the first language used to give voice to religious experience. It is expressive, but essentially uncritical or comparative.<sup>10</sup>

The practice of pastoral care serves two significant objectives: It is about (1) effective listening and (2) creating meaning by recounting stories through developing metaphors of hope that will impact the faith of the caregiver, the loved one(s), and family members, as well as reduce their helplessness in the face of their challenges of life, living, and dreadful proportions of despondency and set them on a path that will help all concerned bring to the fore the guilt or shame connected to their predicament, thereby releasing them from their trepidation arising from their experience of God’s compassion wrapped in His unfailing love. At the heart of the practice of pastoral care is storytelling that addresses at least two approaches: inductive and narrative.<sup>11</sup>

In the process of telling stories, individuals become authors as they impulsively come across a story’s beginning, high points, and various conclusions. During the storytelling phase in the practice of pastoral care, stories allow caregiver, patient, respite

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10. John Patton, *Pastoral Care in Context: An Introduction to Pastoral Care* (Louisville: Westminster John Knox Press, 1993), 237.

11. Ibid.

care individual, or family member to lament with each other—express anger and question all they know about life—without imposing meanings prematurely.

There are benefits of these two approaches in the practice of pastoral care and storytelling. First, the inductive approach to storytelling helps all parties—the caregiver, patient, and respite caregiver—and allows for a theological meaning to emerge as people find hope during the sojourn of their suffering. Second, the narrative approach is about finding meanings and practices formed in the crucible of stress, suffering, and joy, as well as the ordinary dullness and goodness of life. A benefit here is that relational trust generally opens a space for co-creating meanings that make emotional and spiritual sense within the narrative context of personal and communal life.<sup>12</sup>

In response to the narrative approach, caregivers are more likely to follow the meanings that emerge as the story unfolds and enables all parties, caregivers, patient, respite care personnel, and family members to assess and compare theological meanings that emerge from care conversations with historical, biblical, ecclesiological, as well as contemporary worldviews. Sometimes well-meaning pastoral caregivers move prematurely to making sense of a care seeker's story by deductively applying theological themes that are important to them. An inductive approach makes room for theological meanings to emerge from the care seeker's story. Narrative pastoral care is about contextual, provisional meanings grounded in the particularity of personal, family, and communal stories.

There are times when a caregiver or patient may need to reach out to someone with the expertise as a trained therapist or when one may have the need for privacy and

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12. Doebling, *The Practice of Pastoral Care Counseling: A Postmodern Approach*, xv.

focus. In these instances, pastoral counseling should be encouraged and sought. This does not rule out or negate the value of the pastor, chaplain, or clergy because they could serve as members to the pastoral care triage team.

Pastoral care takes many forms depending upon the historical and global contexts in which it is offered, where the church is planted to serve its parishioners and the coterminous communities and where the local church is planted to listen to the mild-mannered stories of trauma beneath the stories of God's hurting people.<sup>13</sup> God will empower and embody His enlisted servant-leaders, parishioners, to become a sustaining presence as caregivers and respite care to caregivers of the sick, shut-ins, hurting family members, and friends.

Historically, pastoral care in a Christian context has been referred to as a form of spiritual sharing in the time of a family crisis or need. During an emergency or spiritual crisis support, pastoral care is offered by the pastor, ordained members of the clergy, or other religious communities. The adjective "pastoral" refers to the image of the shepherd found in biblical texts and Christian traditions.

In a North American context, pastoral care often takes the form of crisis intervention in response to a sudden loss or the experience of violence, followed by supportive care. Crisis intervention is a form of care offered to persons, families, and communities who, because of complicating factors, have difficulty moving through a crisis or transition using their usual support systems and resources.<sup>14</sup>

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13. Doebling, *The Practice of Pastoral Care Counseling: A Postmodern Approach*, xxii.

14. Ibid.

This context is a very vulnerable time for anyone to plan, care for, and manage the care of a loved one. Compassion plays a vital role in the process of pastoral care. Care seekers often bring narratives of pain. Entering the mystery of another's pain requires compassion. In a literal sense, caregivers suffer with care seekers. "Compassion, requires the capacities for emotional intelligence and empathy, entails the discipline of being able to surrender to and be moved by the emotional experiences and needs of the other."<sup>15</sup>

Things have changed in pastoral care. One can no longer assume that the audience for a pastoral care book is the male clergyperson of European ancestry working professionally in a parish or hospital setting. Pastoral care today is being offered competently and creatively by "all sorts and conditions" of God's people, and the dynamic for that care is found not only professional responsibility of individual clergypersons but also in small communities of persons committed to the work of caring for others. The ministry of pastoral care should be understood holistically rather than hierarchically, following the body image of Paul in 1 Cor. and Eph. 4. This means that pastoral care is for the laity. James C. Flanagan persuasively argued that a new sense of mutuality must exist between the clergy and the laity if the church is to be faithful to its task. The church is not "a community gathered around a minister, but as a community of many ministries. . . . We must address the gap which continues to exist in many areas between the clergy and the laity."<sup>16</sup>

Much of the material on lay pastoral care unwittingly maintains the assumption that lay care is always adjunct or second best to that offered by clergy. The significant

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15. Doehring, *The Practice of Pastoral Care Counseling: A Postmodern Approach*, xvi.

16. Patton, *Pastoral Care in Context an Introduction to Pastoral Care*, 3.

differences between clergy and lay care can be seen in terms of time available for pastoral caring, education, and responsibility for training others. The ministry of the caring community is the same ministry whether performed by laity or clergy.

While things have been changing in pastoral care, a similar phenomenon has taken place in Christian theology. Peter Hodgson, one of the theologians interpreting this change, has said that it is possible “to distinguish three great paradigms of the Christian theological tradition: The classical (from the patristic period through the Reformation), the modern (from the early eighteenth to the late twentieth century; the ‘Enlightenment age’), and the postmodern.”<sup>17</sup> Although the time frames and the contents of the paradigms are not the same, one can distinguish these three major paradigms for the ministry of pastoral care.

Regular spiritual practices foster compassion toward self and others, changing how caregivers react to vicarious experiences of another’s pain. They are less likely to get stuck in empathic distress, in which emotions like fear and anger become life-limiting, making caregivers want to withdraw. Spiritual practices make the web of compassion holding all humanity emotionally real.<sup>18</sup>

To care is to be anxious, troubled, and even to grieve; but, to care also means to be concerned with, to regard, and even to love, in the sense of caring for the other rather than for oneself. Both meanings are important in understanding pastoral care. In one of its meanings, care expresses the basic human concern with control and predictability. In the practice of Pastoral Care, the shepherd tends the whole flock but is ever vigilant about the

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17. Patton, *Pastoral Care in Context an Introduction to Pastoral Care*, 4.

18. Doehring, *The Practice of Pastoral Care Counseling: A Postmodern Approach*, xvi.

needs of the individual member of the flock while being concerned for the needs of the whole personal care, long term care, terminal illness, rehabilitation, and other day-to-day activity.<sup>19</sup>

The Church is God's spiritual community, with leaders who are shepherds to the community. The shepherd motif brings a special image and direction to the idea of pastoral care. One of the most widely known methods of theological reflection related to the theological approaches of pastoral care may be found in James and Evelyn Whitehead's book, *Method in Ministry*.<sup>20</sup>

The Whiteheads provide a simple, proof-text answer to a contemporary pastoral question, and provide parameters for a solution of how Christians, in faith, have addressed similar problems. The essence of the response by the church in answer to the question, "who is God," conforms the church's identity as a spiritual community of God and identifies the congregation as those who live their lives in a manner that will bring glory to God, out of their reverence to how the true God is linked to a steadfast faith and commitment to share in the suffering of others through the generations. The Church, having the appropriate responses and understanding of who God is, who they are, and how they shall live out their faith relationship with God, should then be able to recognize the importance of how the church must manifest their being as a spiritual community, participating in the mission of God as those God has called to care for and shepherd the community of the faithful. Through this call to service, the Volunteer Respite Care to Caregivers Program was born.

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19. Patton, *Pastoral Care in Context: An Introduction to Pastoral Care*, 17.

20. James and Evelyn Whitehead, *Method in Ministry: Theological Reflection and Christian Ministry* (New York: Sheed and Ward, 1995).

## **Foundations for the Spiritual Community**

### Theological

The Volunteer Respite Care to Caregivers Program arose from the biblical understanding that the Pastoral Care Ministry will be loyal to God in carrying out its biblical responsibility to lift up the fallen. When the Church comes to grip with the biblical understanding exemplified by Jesus's journey to the cross, the children of God will see the importance of ministering to those who are in need of help and service.

When the Romans led Jesus to the Cross on a hill called Golgotha and they came upon a man from Cyrene, named Simon, who they compelled to carry Jesus's cross (Matt. 27:32; Mark 15:21). Through this example, the Church has received an ocular and outward demonstration of an inner commitment regarding the importance of the Church, God's spiritual community, to be willing to show God their love and compassion for the fallen instead of being too busy with other things to even notice. The Church's understanding of the truth of which Jesus Christ speaks is not an alternate reality. When the Church listens to Jesus's voice, believes Jesus's word, and follows Him through faith and obedience, the Church will serve, which will be replicated in the Volunteer Respite to Caregivers Program. The Volunteer Respite Care to Caregivers will function under the aegis of the Pastoral Care ministry of the Church and serve as volunteer respite care to the caregivers of the congregation, their family members, friends, and loved ones appropriating the temporary care services of those individuals to the glory of God.

The Church's understanding of the example from the Word of God in Matt. 27:32 and Mark 15:21, should motivate the Church, the spiritual community of God so serve as a sustaining presence to the sick, with the faith that death and dying do not have the last

word. “Jesus emptied himself, taking the form of a slave . . . and became obedient to the point of death—even death on a cross” (Phil. 2:7-8). The 21<sup>st</sup>-century Church must be of the faith that says, “Death has been swallowed up in victory. . . . Where, O death, is your sting?” (1 Cor. 15:54-55).

Jesus Christ did not escape the grip of death and neither can humanity. Death is still the enemy (1 Cor. 15:26). But it is an enemy whose power has been destroyed by Christ’s victory over death. But the ultimate sting of death has been removed by a loving and merciful God, who “gives God’s people victory through Jesus Christ” (1 Cor. 15:57).

According to the Old Testament, there were institutions in ancient Israel that enabled individuals to seek help in time of need. There were also customs of instruction and support within the family network, as well as a place where formal judicial arrangements for settling disputes took place. In Christian devotion, Psalm 84 could be understood to describe the pilgrimage of the soul through life to a heavenly Jerusalem. In Leviticus 13 there were regulations about the examination of people suffering from skin complaints which implies that priests had at least rudimentary medical knowledge. Jesus spoke to the meaning and foundation of pastoral care when he summarized these commandments in the form of the exhortation of love of God with all one’s heart and mind and soul, and to love one’s neighbor as oneself (Matt. 5:43; Mark 12:31; and Luke 10:27).

The Book of Job is the only text in the Old Testament that records an explicit attempt to give pastoral care support. Job, having been deprived of his children and his possessions as a result of God’s wager with Satan, is visited by three friends, Eliphaz, Bildad, and Zophar. Their initial reaction is to share in his grief by tearing their garments



and sprinkling dust on their heads. They sat with him in silence for seven days and nights (Job 2:12-13).<sup>21</sup>

Not only did the Old Testament respond to the problem of the gods of the ancient Near-East, the prophets of Judah posed another far-reaching question: Is Yahweh merely Israel's tribal god or is He also the God of all humankind? This issue carried far-reaching theological significance. Could only Israel worship Yahweh? Or was their God the only true God, so that all the nations of the earth should join in the worship of the Holy One of Israel?

People in the postmodern context live in accordance with the practical atheism of the "fool," in ancient modernity—an intellectual atheism that has exercised a visible influence on the Western theological and philosophical climate. The accusation against the early believers indicated the modern intellectual probing of the question, "Does God exist?"<sup>22</sup> Was not the primary debate in modernity since the biblical era about characterizing the individual based on the conflicts between the rival tribal gods as the question of God's existence focused on determining which god was worthy of worship and service? Not only did the theological questions dealt with which God. During the rivalry of the gods, they had to grapple with the concept of the Universality of God.<sup>23</sup>

Zechariah's vision pointed to a day when all nations would worship in Jerusalem (Zec. 14:16) and employed apocalyptic imagery to assert that Yahweh was the universal God; therefore, He must be worshiped by all people of the world. The early church

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21. G. R. Evans, *A History of Pastoral Care* (London: Wellington House, 2000), 17-19.

22. Stanley Grenz, *Theology for the Community of God* (Grand Rapids: William B. Eerdmans Publishing Company, 1994), 32.

23. Ibid.

inherited the debate concerning the universality of God. At the Jerusalem council (Acts 15), the church leaders, the inclusivists, won a decisive battle. The church leaders concluded that the Gentiles need not become Jews to join the community of faith. The writers of the New Testament confirmed the Jerusalem decision.

The Apostle Paul declared that, through Jesus Christ, Christians know and understand that there is only one God, who is God over all, and the idols worshipped by others are nothing (1 Cor. 8:4-7) or even demonic (1 Cor. 10:18-22).<sup>24</sup> In response to a type of monotheism, the Greek philosophers focused their attention on intellectual argumentation. They debated the possibility of setting forth intellectual proofs for theological beliefs, including the existence of the one, creator God, the First Cause. Christian thinkers adapted this concern. In the new setting, the ancient question concerning the Divine reality assumed the form of intellectual demonstrations of God's existence.

A first group seeks to prove that God exists *a priori*, that is, independently of, or prior to, our experience of the world. This proof is also called "ontological," because it claims to demonstrate God's existence by means of a consideration of the mere idea of God. Ontological proofs begin with a commonly held definition and show that by necessity the God who corresponds to the definition must exist. Anselm of Canterbury could echo Augustine's famous dictum, "I do not seek to understand that I may believe, but I believe in order to understand."<sup>25</sup>

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24. Grenz, *Theology for the Community of God*, 32.

25. Anselm, "Prostomium," in *St. Anselm: Basic Writing*. Trans. S. N. Deane, second edition. 7.

## Philosophical

At the turn of the Middle Ages and into the Enlightenment, as the church expanded into the world dominated by Greek culture, the form of the question concerning God came to be altered. Another question that was raised had to do with “which tribal god is stronger and therefore to be worshiped became of the intellectual question concerning the existence of God.”<sup>26</sup>

Initially, the arguments Christian philosophers devised were not merely apologetic devices aimed against unbelief. More importantly, they provided intellectual confirmation of, and support for, the faith stance that preceded intellectual reflection, which highly impacted what has become known as the “spiritual community” or what it meant to be the people of God. These responses had to do with the nature of who God is.

A “classic” formulation emerged, one from the French philosopher Descartes (1596-1650), claiming that God cannot merely be an idea in human minds, God must also really exist. Either God exists only in human minds or He exists both in human minds and reality.<sup>27</sup> Descartes defined God as the supremely perfect Being. He concluded that, if God does not really exist, then the idea of God lacks one key characteristic, perfection or “existence.” Descartes concluded, “God so conceived—as not existing in reality—is not the most perfect being.”<sup>28</sup>

Thomas Aquinas (1225-74), the medieval theologian, concluded, no knowledge (hence no knowledge of God) can come to pass apart from experience of the world.

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26. Anselm, “Prostomium,” 8.

27. Descartes, *Discourse on Method and The Meditations*, Trans. Laurence J. LaFleur, Library of Liberal Arts edition (Indianapolis: Bobbs-Merrill, 1960), 120.

28. Ibid.

Thomas's adage was that "there is nothing in the mind that is not first in the senses."<sup>29</sup>

The Lutheran Philosopher Immanuel Kant (1724-1804), in response to Rene Descartes's blueprint, declared that the ontological argument is invalid because it falsely presupposes that existence is an attribute (or a "predicate").<sup>30</sup>

Kant took a very significant position that proponents of the ontological argument overlook as an important quirk in language. He said, "Words like 'exists' and 'is' function grammatically as predicates "God is" being grammatically valid. Yet they cannot function logically in this way. Humanity adds no new element to our knowledge when in enumerating the attributes of any object including God), we add, 'and this object exists.'"<sup>31</sup>

A somewhat different prescription came from Hastings Rashdall (1858-1924). He devised a somewhat different approach of the moral proof, holding to the view that standards and goals toward which people strive exist only in their minds and believed certain ideals are absolute. These can exist only in a mind which is adequate for them, namely in an absolute or divine mind.<sup>32</sup>

Like the other philosophical arguments, the proofs from morality do not command universal reception. One critic, the French existentialist Jean-Paul Sartre (1905-1980), asserted that the world is devoid of any objective meaning or value.<sup>33</sup> All that the people

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29. Thomas Aquinas, *Summa Theologica* 1.2.1, in *Introduction to St. Thomas Aquinas*, ed. Anton C. Pegis (New York: Modern Library, 1948), 22.

30. Immanuel Kant, *Critique of Pure Reason*, Trans. Norman Kemp Smith (Las Vegas: Penguin Books, 2008), 500-506.

31. Ibid.

32. Ibid., 189-246.

33. Jean-Paul Sartre, "Existentialism" in *Existentialism and Human Emotions*, Trans. Bernard

have is individual existence. Any meaning, value, or essence in the world arises through the choices and commitments a person makes. Bernard Russell (1882-1970) rejected the choices and commitments a person makes to the concept of their “judgments.” Any assertion of the form “X: is good” is merely a statement about the speaker’s personal perception, disposition, or desire. Consequently, all moral statements are purely individual, subjective or biased, and relative or comparative.<sup>34</sup>

The Church must be of the understanding that those who believe or consider that God is distant may be astonished or surprised to know that God desires a personal relationship with His Church, the spiritual community, and communicates to everyone, even those who deny His existence. The 21<sup>st</sup>-century Church much be clear in its philosophy to know that, because God does not often speak audibly, many people, especially the Church, should not be unaware that God is relational. Those who are willing to hear God’s “voice” need to know that God’s “voice” can be discerned through a collection of resources.

The most obvious “voice” is the Bible, but God’s voice can also be discerned through the spoken or written words of other believers. At other times, God’s “voice” is spoken through circumstances and the wonders of creation (Rom 1:20). When God calls, God speaks into the hearts and minds of His people through the third person of the Trinity, the Holy Spirit.

Through this medium, God specifically speaks to His children. For this reason, two people can hear the same message and receive different applications; thus, each

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Frechtman (New York: Philosophical Library, 1957), 15.

34. Bertrand Russell and E. C. Coppleston, *The Existence of God: A Debate between Bernard Russell and Father F.C. Coppleston* (Manchester: Humanitas Publishing, 1948), 123-46.

individual must be careful of certain hindrances which can interfere with the ability of God's people to effectively listen and not only hear God's messages. For example, a busy lifestyle can be full of noise that may blot out God's quiet voice making it practically inaudible, faint, or indiscernible.

Setting forth the credibility of the Church, faith in who God is should result in the Church's loyalty to God, which is manifested through the Church's obedience to doing the will of God and lifting up the fallen by serving in programs like the Volunteer Respite Care to Caregivers Program, which claims to serve God's people by doing God's will.

#### Ecclesiological

Attention now turns to the major task of the church, the *ecclesia*, the called-out ones of God, who must walk in the steps of Jesus Christ and do the will of God, which is embedded in the word of God (Matt. 28:16-20), and who are called to share in the sufferings of His people through the practice of the classical spiritual disciplines of their faith, which are embraced by their faith and obedience to God's word. The centrality of the Church rests in its character or essence, within the context of the Church as the spiritual community of God's people, called and sent to serve under the power of God's Holy Spirit to bring glory and praise to God. The glorification of God is linked with love-motivated obedience to the Church's entrusted vocation.

The greatest example of the Church's manifestation of being the spiritual community, of course, is Jesus Himself. It has been noted that Jesus's obedient fulfillment of His vocation expressed the eternal love of the Son, the second of the Triune God, for the Father, the first person of the Triune Godhead. In the same way, the

Church's obedient acceptance of the vocation God has given to it brings glory to Jesus Christ and through Him to the Father.<sup>35</sup>

Jesus Himself spoke of this glory. In his great prayer, Jesus rejoiced in the glory He had received through His disciples (Jn. 17:10). Jesus told His friends that the church's fruitfulness brings glory to the Father, "This is to my Father's glory, that you bear much fruit, showing yourselves to be my disciples" (Jn. 15:8). The link between obedience to a vocation and God's glory indicates that the church glorifies God as it is obedient to its LORD, that is, as it fulfills its divinely given mandate to be the spiritual community who acknowledge in word and deed Christ's lordship.

The New Testament indicates that the Lord entrusted a great mandate to His Church. As God's spiritual community, faithful in carrying out its corporate task, it brings glory to God. In this postmodern context, the question to the Church has not changed, it remains: What specifically is the ministry of the Church?

The question is also raised, "Does God still call people?" The 21<sup>st</sup>-century Church must comprehend that, although God does not often use an audible voice, God is still in the business of seeking disciples or followers of His way (2 Thess. 2:13-17). God calls people first into salvation through Jesus Christ, setting them free from sin—a barrier between man and God—into sanctification, reconciliation to God which sets man apart for His purposes in this dark and lost world through growth in Christlikeness to service.

Participants in this community then serve God by accomplishing what God has planned for the Church to do to for His glory in the world for His Kingdom. Those who respond to God's call in the Church on the day of accounting when the people of God

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35. Russell and Coppleston, *The Existence of God: A Debate between Bernard Russell and Father F. C. Coppleston*, 123-46.

stand before God and give an account of their lives, those who have a habit of responding to God's call or voice, will experience spiritual abundance and blessing, both here on earth and in heaven.

Pastors and resident theologians commonly summarize the Church's vocation by appeal to three Greek terms, *martyria* or *kerygma* (witness), *koinonia* (fellowship), and *diakonia* (service).<sup>36</sup> Oftentimes, the church omits the foundational ministry of the church—worship—and fails to see the important connection between proclamation and service as constituting one ministry directed toward the world. Consequently, as a more complete description of the church's mandate, the church as the spiritual community of God, generally offers an alternative. In the Church, the spiritual community of God, in their common life, God has mandated the Church to worship through mutual edification, outreach, and service the world. Paul, the Apostle of Jesus Christ, issued instructions to guide the Church when they “come together” (1 Cor. 14:26).<sup>37</sup>

The church is called, then, to be a worshiping, spiritual community, offering to God the glory due His name. God's people may appropriately speak of the Church as being “gathered to worship.”<sup>38</sup> As the spiritual community of God, the Church does not exist only to worship God and build up one another. In addition, the spiritual community of God exists to minister to the needs of all people in the world. No true spiritual community of faith should fail to set its sights outward toward the world in which it is called to live.

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36. Dale Moody, *The Wind of Truth* (Grand Rapids: Eerdmans Publishing, 1981), 428-33.

37. Grenz, *Theology for the Community of God*, 490.

38. Ibid.



Foundational to the corporate existence of the Church is a vision of the whole human family reconciled to God, one another, and creation. “Central to all intercession is the desire that believers come to know and reflect the divine will. God’s primary will for each Christian is that we all attain spiritual maturity—growth in faith, knowledge, doctrine, character, and speech (Eph. 4:13-15)—so that the church may radiate the reality of Christ.”<sup>39</sup>

The spiritual community of God will direct its energies toward those who lie beyond its immediate, concentric fellowship, because it is obedient to the outreach mandated by God in the persons Jesus Christ entrusted to it, which encouraged the church to go beyond their immediate fellowship, and, in so doing, bring glory to the Holy Trinity of God—Father, Son, and Holy Spirit.

The question raised by the skeptics may be: In so doing, what constitutes this ministry; what exactly is outreach? One central hallmark of the evangelical movement has been the emphasis on the *missio Dei*, the mission of God, which bridges the gap of evangelism as the focus of the Church’s outreach mission. The Scriptures also caution the Church to worship God because He is the Creator.

In His vision of the heavenly court, John observed the twenty-four elders (who symbolize the whole people of God), who declare, “You are worthy, our Lord and God, to receive glory and honor and power, for you created all things, and by your will they were created and have their being” (Rev. 4:11).<sup>40</sup> While this emphasis is surely correct,

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39. Grenz, *Theology for the Community of God*, 498.

40. *Ibid.*, 491.

the church must look more closely at the cross and determine what constitutes the evangelism endeavor of the people of God, the Church as a spiritual community.

It is obvious to most Christians that evangelism entails proclamation.

Evangelicals have often simply equated evangelism with the verbalization of the good news, asserting that the outreach mandate of the church lies squarely on the task of declaring the gospel message (*euangelion*) throughout the world. At the foundation for equating evangelism with proclamation, the church needs to look first at the Cross of Christ (Jn. 19:34) and second at the Great Commission (Matt. 28:16-20).

The spiritual community of God should take a close look at the cross of Calvary and recognize that when the soldiers pierced Jesus's side, and at once blood and water came out from the pericardium around his heart, the Church, in its theological understanding, was embodied by God's Holy Spirit and empowered to live free from all sin (1 Jn. 1:7) to a new life (1 Cor. 5:17), in relationship with God through His Holy Spirit, giving the spiritual community reason enough to praise the LORD in its ecclesiology and practically serve the LORD by sharing in the suffering of God's people.<sup>41</sup>

The greatest example of the church's manifestation of being the spiritual community of God is through accepting Jesus Himself. As noted above, Jesus was obedient to God's will to the point of death to bring glory to God (John 17). The link between obedience to a vocation and God's glory indicates that the church glorifies God as it is obedient to its LORD, that is, as it fulfills its divinely given mandate to be the

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41. *Thinline Bible, the New International Version* (Grand Rapids: Zondervan Press, 1996), 843, 916.

spiritual community who acknowledge in word and deed Christ's lordship. The New Testament indicates that the Lord entrusted a great mandate to His church. As God's spiritual community, faithful in carrying out its corporate task, they bring glory to God. In this postmodern context, the question for the 21<sup>st</sup>-century Church to respond has not changed, but is still, "What specifically is the ministry of the church?" The answer is to serve the needy.

Paul reiterated that the Church does not exist only to worship God and build up one another, the church also exists to minister to the needs of all people in the world; thus, no true spiritual community of faith should fail to set its sights outward toward the world in which it is called to live foundationally to its corporate existence as God's mandated vision to the whole human family reconciled to God, one another, and creation (Matt. 5:13-16). The Church must direct its energies toward those who lie beyond its immediate, concentric fellowship and reach out to the sick and shut-ins to the glory of God (Matt. 28:16-20).

It is imperative that the Volunteer Respite Care Ministry Team recognizes that, as they serve, while they share their faith, the awkwardness of the moments they may feel can make them hesitant to share, but that is why it is important to remember they are not on their own. That is why Jesus told His followers, "But the Helper, the Holy Spirit, whom the Father will send in My name, He will teach you all things, and bring to your remembrance all that I said to You" (John 14:26). The omniscient Spirit of God lives within every Christian, and He knows the best way to respond to any comment, question, or situation. It will be Holy Spirit's residence within each pastoral caregiver, that was received on the day of salvation that will bring to remembrance the truths of Scripture.

“Let your speech always be with grace . . . so that you will know how you should respond to each person” (Col 4:6).

Following this review of the foundations of pastoral care and spiritual community as the basis for the project, the report will now turn to the examples of this project’s ministry of service, of responding appropriately to the needs of those who have fallen to the throes of sickness, and to the needs of the respite caregivers who serve day and night to meet needs of those requiring the greatest of care.

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## **Chapter III**

### **Action**

The purpose of the Respite Care to Caregivers project was to illumine the minds and consciences of members of the congregation at The Church Without Walls to serve God's people, their spiritual brothers and sisters, as the *ecclesia*, the called out people and spiritual community of God, who have been saved, sanctified, and committed to go where they are sent by God under the leadership of God's Holy Spirit, as a sustaining presence, planted within the coterminous communities in the North, Northwest, and Southwest places in the Standard Metropolitan Statistical Areas of Houston, Texas.

This chapter will feature selected contributions from authors in the fields of Pastoral Care, Spiritual Formation, and Evangelism, which were used in the curriculum, training, and program implementation for the Volunteer Respite Care to Caregivers. The ten training sessions were held January – March 2019 (Appendix A).

### **Training Event #1**

#### **Session 1: Preparing for Ministry**

The first event began with a welcome to the training for becoming Volunteer Respite Care to Caregivers ministry. The Project Director presented an “icebreaker,” comprised of ten questions for small group participants, to help introduce participants to one another. The training then focused on how to prepare people for a ministry of this kind through Bill Hybels's book, *Just Walk Across the Room: Simple Steps Pointing*

*People to Faith*.<sup>1</sup> The information and stories helped participants learn how to begin a conversation with a participant in the room while making sure observers are in a neutral place mentally as the experience begins. People can be in different forms of readiness for new situations. Whether eager, reluctant, happy, or bored, individuals must take full responsibility for eliciting attention, interest, and engagement to draw the participants into the setting with wisdom and care.<sup>2</sup>

## Session 2: Spiritual Disciplines

Session 2 began after a short break to review the National Respite Care Guidelines (Appendix G). Then, utilizing the impact of writers like Robert Mulholland, Richard Foster, and Evan B. Howard, spiritual disciplines were introduced to the group (Appendix C). Mulholland notes that holistic spiritual disciplines are acts of loving obedience that one offers to God steadily and consistently, to be used for whatever work God purposes to do in and through one's life.<sup>3</sup> By practicing the spiritual disciplines as a way to respond to God, participants were trained in ways to minister in varieties of ways.

Working with the spiritual disciplines affects relationships with God and others. Howard was introduced because of his work in the area of divine and human relationships,<sup>4</sup> relating the importance of developing spiritual relationships within the body of Christ in obedience to God, which is the foundation of respite care to caregivers.

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1. Bill Hybels, *Just Walk Across the Room: Simple Steps Pointing People to Faith* (Grand Rapids: Zondervan Publishing Co., 2006).

2. Eugene Lowry, *The Homiletical Plot: The Sermon as a Narrative Art Form* (Louisville: Westminster John Knox Press, 2001), 28.

3. M. Robert Mulholland Jr., *Invitation to a Journey: A Road Map for Spiritual Formation* (Downers Grove: InterVarsity Press, 1993), 103.

Howard mentioned that interpersonal relationships exhibit the same characteristics described above, but they do so with even greater complexity, depth, and significance. An interpersonal relationship, then, is the mutual experience of another along with the shared knowledge of that experience.<sup>5</sup>

### Session 3: Spiritual Formation

The third session for the first training event focused on Christian spirituality and spiritual formation as a way to help participants get in touch with their own spiritual development prior to reaching out in ministry. Howard asserts that Christian spiritual formation does not focus on the appearance, the politics, or the particulars of spirituality. Rather, it can be understood as responding to the gracious work of God and, requiring both perseverance and progress, is the intentional and Godward reorientation and rehabilitation of human experience. It aims at mature harmony with Jesus Christ and is expressed in the concrete realities of everyday life. Reorientation is the integration of the concerns that drive emotions, of the worldview that drives opinions and evaluations, and of the core lifestyle that drives habits and action. Rehabilitation is the transformation of particular patterns of emotions, conduct, thoughts, and intentions.<sup>6</sup>

Ken Gire links the necessity of spiritual formation with the longing for the assurance that God is walking with believers and intimately involved in their lives. Gire remarked,

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4. Evan B. Howard, *The Brazos Introduction to Christian Spirituality* (Grand Rapids: Brazos Press, 2008), 196.

5. Ibid., 197.

6. Ibid.

We've all had moments when we've experienced something of that intimacy. Moments we cannot quite explain away. Moments when God has touched our lives like a soft hand of morning sun reaching through our bedroom window. Through some of these windows what people often see offers, simply a moment of insight, making us slower to judge and quicker to show understanding. Sometimes it might be a word telling us who we are, why we are here, and what is required of us at this juncture in search of self.<sup>7</sup>

## Training Event #2

### Session 4: Leadership and Caregiving

Training Event #2 was also a blended event, beginning with leadership and traits of effective caregivers, to the specifics of the spiritual disciplines. Shelp and Sunderland's book, *Sustaining Presence: A Model of Caring by People of Faith*, was instrumental in the instruction of important traits for caregivers.<sup>8</sup> Priscilla Shirer's study of how to discern God's voice was helpful in training participants about effectiveness in ministry leadership.<sup>9</sup>

### Session 5: Spiritual Disciplines and Companionship

To continue with training about the spiritual disciplines and their usefulness for ministry, Adele Alhberg Calhoun's handbook was useful. Calhoun contends that a spiritual practice is not magic.

It will not change you by itself, but it puts you in a place to partner with the Holy Spirit to become an ever fresh *eikon* of Jesus. Spiritual rhythm helps us contemplate the face of God in Christ. And you can be sure that doing this activity

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7. Ken Gire, *Windows of the Soul: Hearing God in the Everyday Moments of Your Life* (Grand Rapids: Zondervan Publishing Company, 1996), 16.

8. Earl E. Shelp and Ronald H. Sunderland, *Sustaining Presence: A Model of Caring by People of Faith* (Nashville: Abingdon Press, 2000).

9. Priscilla Shirer, *Discerning the Voice of God: How to Recognize When God Speaks* (Nashville: Life Way Press, 2012).



goes with you from this life to the next. May your hands be anointed for every good work, and for the glory and honor of God.<sup>10</sup>

From its beginning the church linked the desire for more of God to intentional practices, relationships and experiences that gave people space in their lives to “keep company” with Jesus. The basic rhythm of disciplines for the first believers is found in Acts 2:42: “They devoted themselves to the apostles’ teaching (practice) and to the fellowship (relationships), to the breaking of bread (an experience) and to prayer (another practice).” The desire to know and love God fueled these disciplines. But as the early church community ran into new situations of want, conflict, temptation, and persecution, they wanted and needed help to persevere in keeping company with Jesus. The Book of Acts recounts a variety of ways the first-century believers made space for God as they faced difficulties<sup>11</sup> and became a model for the caregivers in making space for God in their lives.

The second topic for this session was Spiritual Companionship. People long for companions who can come alongside and simply be with others. Angela Reed, et. al, in their book, *Spiritual Companionship: A Guide to Protestant Theology and Practice* wrote:

Among the smiling faces of those passing through the church doors on Sunday mornings are many who long for deeper, more genuine relationships in their congregations. They hunger for relationships that nurture them and challenge them to grow spiritually and for connections that move past surface pleasantries into the real joys and heartaches of life. In a society that is increasingly fragmented, they are looking for a place to take off their masks and simply belong – to come home to other people and to God. What most people are really looking for are shared convictions, longing to connect with people at the level of their soul, spiritual companionship along this spiritual journey.<sup>12</sup>

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10. Adele Alhberg Calhoun, *Spiritual Disciplines Handbook: Practices That Transform Us* (Downers Grove: InterVarsity Press, 2005), 13.

11. Ibid., 19.

12. Reed, Osmer, and Smucker, *Spiritual Companionship: A Guide to Protestant Theology and Practice*, xii.

### Training Event #3

#### Session 6: A Missional Response

Training Event #3 introduced the idea that respite care is a mission for the church by helping the attendees to understand further ideas about the discipline of discernment as a way to learn to participate in the mission of God. At least two subbranches are discernible within the missional literature. One is represented by those publications that understand missional to be the equivalent of the historical understanding of missions, that is, as obedience to the Great Commission. A second is represented by those publications that continue to emphasize the Great Commission but frame it theologically in terms of God being a sending God. Craig Van Gelder and Dwight J. Zscheile remarked, “But the overall thrust of the critique consistently viewed missional as primarily concerning the church’s task of obeying the Great Commission through engaging changed local contexts.”<sup>13</sup>

#### Session 7: Finding Meaning After Loss

The second session of Training Event #3 focused on tips about how to help people deal with and make meaning for their lives after loss. Yalom noted that, unlike an approach to other essential ultimate concerns (death, isolation, freedom), he found that meaning in life is best approached obliquely. What one must do is to plunge into one of many possible meanings, particularly one with a self-transcendent basis. It is engagement that counts, and therapists do good by identifying and helping to remove the obstacles to

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13. Craig Van Gelder and Dwight J. Zscheile, *The Ministry of the Missional Church: A Community Led by The Spirit* (Grand Rapids: Baker Books, 2007), 72.

engagement. The question of meaning in life is, as the Buddha taught, not edifying. One must immerse oneself into the river of life and let the question drift away.<sup>14</sup>

### Session 8: Grief

The third session of the evening focused on an understanding of grief. Grief is the normal and natural reaction to loss of any kind. While grief is normal and natural, and clearly the most powerful of all emotions, it is also the most neglected and misunderstood experience, often by both the griever and those around them. Grief is the conflicting feelings caused by the end of or change in a familiar pattern of behavior. Grief that is disenfranchised is “not openly acknowledged, socially validated, or publicly observed.”<sup>15</sup>

## Training Event #4

### Session 9: Generating Solution Focused Outcomes

The fourth and final training event focused on Solution-focused counseling (Appendix D) and theory and then ended with personal reflection and instruction on formation of a personal rule of life (Appendix B and H)

First, participants were given insights into Solution-Focused Brief Therapy (SFBT) as a future-focused goal-oriented therapeutic approach to brief therapy developed initially by Steve de Shazer and Insoo Kim Berg at the Brief Family Therapy Center in Milwaukee in the early 1980s. SFBT emphasizes strengths and resiliencies of people by focusing on exceptions to their problems and their conceptualized solutions SFBT is an

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14. Irvin D. Yalom, *The Gift of Therapy* (New York: Perennial – Harper, 2002), 136.

15. Melissa M. Kelley, *Grief: Contemporary Theory and The Practice of Ministry* (Minneapolis: Fortress Press, 2010), 12.

optimistic, anti-deterministic, future-oriented approach based on the assumption that clients have the ability to change quickly and can create a problem free language as they strive for a new reality.<sup>16</sup>

### Session 10: Putting Your Personal Rule into Practice

According to Ken Shigematsu, every thoughtful person has a pattern of practices or habits, a rhythm he or she lives by—even if they have never put their “rule” into words. Participants were asked to take a moment to think about the “rule” they live by and then to attempt creating their own rule (Appendix B and H).

These patterns are part of your rule. They reflect something you consciously or unconsciously value: Caring for your dog, worshiping in community, spending time with your friends or family. A rule of life can be a gift for ordinary people in their everyday lives: Working mothers, stay-at-home dads, dentists, plumbers, accountants, realtors, students, artists. In fact, the more immersed we are in the world with all the pressures that pull us away from God, the more helpful a rule of life will be.<sup>17</sup>

The sessions were attended by thirty-two participants. The report will now turn to the evaluation of the outcomes in Chapter IV and will then draw conclusions regarding the viability of the Project in Chapter V.

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16. Gerald Corey, *Theory and Practice of Counseling and Psychotherapy* (Boston: Cengage Learning, 2015), 371.

17. Ken Shigematsu, *God in My Everything: How an Ancient Rhythm Helps Busy People Enjoy God* (Grand Rapids: Zondervan Publishers, 2013), 32-33.

## **Chapter IV**

### **Evaluation**

The Volunteer Respite Care to Caregivers Training Program was designed with two major outcomes. Outcome #1 was designed in regard to development of a Small Group Environment, to identify a small group of six to ten individuals, preferably members of The Church Without Walls, who were cleared through the appropriate background check that is generally conducted by The Church Without Walls to serve with both adults and children within the three Standard Metropolitan Statistical Areas of Houston, Texas, where the Church is planted (North – Bingle Campus, Northwest – Queenston Campus, and Southwest – Eldridge Campus).

Although it was envisioned that six to ten leaders would be equipped as a result of participating in the project, thirty-one participants were trained with the appropriate knowledge and skills to serve as a Volunteer Respite to Caregivers during the implementation phase of this program. The participants attended ten training sessions, each two hours in length, as described in Chapter III. At the close of the project's training, the participants manifested such needed skills in the areas of being respectful, compassionate, attentive, and focused caregivers with a passion to serve as a sustaining presence for the respite caregiver and the sick or shut-in family member(s) (Appendix I). Although thirty-two individuals participated at some level, by the close of the project, ten individuals attended the ten sessions regularly and eight individuals completed the assessment and passed the assessment exam. Therefore, four groups were formed of the

eight individuals, six men and two women, who were paired together in three groups of men and one group of women. Men serve as pastoral caregivers to men and women minister to women. Men and women were intentionally not paired together due to privacy issues for the patients.

As mentioned above, particular skills were necessary for participation in a caregiving ministry such as this. Skills specific for patient care include management of medications, physical needs (e.g., changing patients' clothes), food preparation based on medical or intolerance needs, and the ability to lift patients correctly and safely. The ten-question assessment demonstrated how the respite caregivers achieved these skills (Appendix E and F).

The certificates are yet to be presented publicly as of the date of this writing (Appendix J). The presentation will occur when the church reopens following the coronavirus pandemic which greatly impacted everyday life from March 2020 through at least early 2021. Both Rev. West and Rev. Harris were supportive and excited about the potential for a ministry such as this. Because of the restrictions imposed by the pandemic, groups have not yet been able to put their learning into practice.

Outcome #2 was the engagement of 20% of project participants into small groups of Volunteer Respite Caregivers. The result was that 25% of project participants took the assessment and passed to form the four groups noted above (i.e., of the thirty-two participants, eight completed and passed the assessment). The average attendance for each training session was four individuals (Appendix M). To impact these relationships, several specific practices were engaged. First, participants were asked to turn to someone in the room that they were not familiar with and briefly share something about

themselves (e.g., name and ministry in which they served with a goal of reaching out to other ministries within the campus where they visit, including locations at any of the three campuses, or where they presently served).

Second, the project director assessed and evaluated the extent to which the participants attended the training the sessions by monitoring the attendance records, which included participation in the training sessions and integration of the information with others within their ministries, church, or elsewhere as an evangelical tool with the intention of growing interest or engaging 20% of TCWW congregation into small groups of the Volunteer Respite Care to Caregivers, thus increasing the Volunteer Respite Care to Caregivers participation, congregation enrollment, church attendance, and especially their attendance records.

The next phase within Outcome #2 was to develop and use a post-project assessment instrument to evaluate the effectiveness of the teaching-instruction, classroom engagement, and the learning that resulted over the ten sessions that were conducted within the training curriculum, content, and classroom engagement (Appendix L and N).

Prior to implementing the Volunteer Respite Care to Caregivers Program within the church context, following the reopening of the church, an end-of-training certificate of proficiency to perform the appropriate volunteer respite care to the patient(s) of the caregiver will be awarded to all participants who successfully passed a ten-question Respite Care Skills Assessment with a score of seventy percent or greater. Those to be awarded the certificate of proficiency are prepared to serve as a volunteer pastoral caregiver in the TCWW Volunteer Respite Care to Caregivers Program within the coterminous Houston, Texas (SMSA), Standard Metropolitan Statistical Areas – North,

Bingle Campus, Northwest, Queenston Campus, and Southwest, Eldridge Campus.

Successful completion for the certificate included the ten in-class training sessions and the specific Respite Care skills outlined in the six levels of Bloom's Taxonomy of Learning Skills (Appendix K).

The project report will now turn to the final chapter, which will reveal specific learning from the project and its activity.



## **Chapter V**

### **Conclusion**

This project was accomplished during 2020, when the Coronavirus wreaked havoc across the world. Training events were held via Zoom sessions since congregations were unable to meet face-to-face, even in smaller groups. Two Respite Care to Caregivers groups were formed but have not yet been able to begin their volunteer ministry. However, significant movement toward the goal has happened as well as significant learning for ongoing training for this important pastoral care ministry for The Church Without Walls congregation.

The first area of learning had to do with the position of the teacher or leader during training events such as this. Traditionally, the teacher or leader imparted knowledge. In training events, however, each member of the group brings something important to the group as a whole. This was especially important to the development of the Respite Care to Caregivers groups since no one in the group is deemed the leader. Rather, all group members have significant contributions to make to the group and to those for whom the group is caring. Another way of describing this is that the individual's position as a member of a team is not necessarily as significant as the passion the individual contributes to the team.

The teacher or leader of the training discovered the important of taking the mindset of a servant in his approach to the use of the curriculum during the sessions. The Holy Spirit was welcome and evident among all of those present at the training as a

result. If he has the opportunity to offer the training again, he will focus more on the idea of the radical transformation of participants within the group, as well as focusing on what caregiving entails. Group members must be solidly grounded in their roles as ministers within the Caregivers Program. These group members must see themselves as being messengers of God through radical transformation in order to minister effectively as Caregivers.

Overall, the experience was good and has accomplished the hoped-for purposes. A sense of expectancy remains. As the challenges surrounding the pandemic subside and this ministry can be implemented, the hope is that many of those who have been isolated and alone during these last months will receive care, dignity, and a rekindling of their faith through the Volunteer Respite Care to Caregivers program, which will provide pastoral care to many in need.

**Appendix A**  
**Training Program Syllabus**

## The Church Without Walls

### Proposed Volunteer Respite Care for Caregivers Training Program Syllabus

Session	Date	Description
1.	01/12/19	<ul style="list-style-type: none"> <li>• Introduction: Welcome to TCWW Volunteer Respite Care: Called and Sent (Luke 4:18)</li> <li>• Ten Questions for Small Groups</li> <li>• Are you All In?</li> <li>• Just Walk Across the Room</li> </ul> <p>Hybels, Bill. 2006. <i>Just Walk Across the Room: Simple Steps Pointing People to Faith</i>. Grand Rapids, MI. Zondervan Publishing Co.</p> <p>Scandrette, Mark. 2011. <i>Practicing the Way of Jesus: Life Together in the Kingdom of Love</i>. Downers Grove, IL. Intervarsity Press.</p>
2.	01/12/19	<ul style="list-style-type: none"> <li>• Review of the National Respite Care Guidelines</li> <li>• Soar Like an Eagle</li> </ul> <p>Mulholland Jr. M. Robert. 1993. <i>Invitation to a Journey: A Road Map for Spiritual Formation</i>. Downers Grove, IL. InterVarsity Press.</p> <p>Howard, Evan B. 2008. <i>The Brazos Introduction to Christian Spirituality</i>. Grand Rapids, Michigan. Brazos Press.</p>
3.	01/12/19	<ul style="list-style-type: none"> <li>• The Six Spiritual Traditions</li> <li>• Practicing Christian Spirituality: 8 Deadly &amp; 8 Godly Thoughts.</li> </ul> <p>Wilhoit, James C. 2008. <i>Spiritual Formation as if the Church Mattered: Growing in Christ through Community</i>. Grand Rapids, MI. Baker Publishing Group.</p> <p>Howard, Evan B. 2008. <i>The Brazos Introduction to Christian Spirituality</i>. Grand Rapids, MI. Brazos Press.</p>

		Gire, Ken. 1996. <i>Windows of the Soul: Hearing God in the Everyday Moments of Your Life</i> . Grand Rapids, MI.
4.	01/19/19	<ul style="list-style-type: none"> <li>• Characteristics of Effective Leadership.</li> <li>• Traits of an Effective Caregiver.</li> <li>• Traits of an Effective Respite Caregiver.</li> </ul> <p>Shelp, Earl E. and Ronald H. Sunderland. 2000. <i>Sustaining Presence: A Model of Caring by People of Faith</i>. Nashville: Abingdon Press.</p> <p>Shirer, Priscilla. 2012. <i>Discerning the Voice of God: How to Recognize When God Speaks</i>. Nashville, TN. Life Way Press.</p>
5.	01/19/19	<ul style="list-style-type: none"> <li>• The 12 Classical Spiritual Disciplines</li> <li>• Develop a Personal Rule of Life</li> </ul> <p>Adele Alhberg Calhoun. <i>Spiritual Disciplines Handbook: Practices That Transform Us</i>.</p> <p>Reed, Angela H., Richard R. Osmer, and Marcus G. Smucker. 2015. <i>Spiritual Companionship: A Guide to Protestant Theology and Practice</i>. Grand Rapids, MI. Baker Publishing Group.</p>
6.	02/02/19	<ul style="list-style-type: none"> <li>• The Church, a Community Led by God's Holy Spirit</li> <li>• Respite Care, a Mission for the Church</li> </ul> <p>Eldredge, John. 2000. <i>The Sacred Romance: Workbook and Journal</i>. Nashville: Thomas Nelson, Inc.</p> <p>Van Gelder, Craig. 2007. <i>The Ministry of the Missional Church: A Community Led by The Spirit</i>. Grand Rapids, MI. Baker Books.</p>
7.	02/02/19	<ul style="list-style-type: none"> <li>• Tips for Grief Counseling</li> <li>• Tips for Meaning Making After a Loss</li> </ul> <p>Worden, J. William. 2009. <i>Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner 4<sup>th</sup> Edition</i>. New York: Springer Publishing Company</p> <p>Yalom, Irvin D. 2002. <i>The Gift of Therapy</i>. New York: Perennial – Harper Collins Publishers.</p>

8.	02/09/19	<ul style="list-style-type: none"> <li>• Seeing the Problem and Preparing for Change.</li> <li>• Grief: A Mosaic Art Form – Ancient and Contemporary</li> </ul> <p>James, John W and Russell Friedman. 2009. <i>The Grief Recovery Handbook: The Action Program for Moving Beyond Death, Divorce, and Other Losses including Health, Career, and Faith</i>. New York: Harper Collins Publishers.</p> <p>Kelley, Melissa M. 2010. <i>Grief: Contemporary Theory and The Practice of Ministry</i>. Minneapolis, Mn. Fortress Press.</p>
9.	03/09/19	<ul style="list-style-type: none"> <li>• How to Create Outcome Focus Solutions</li> <li>• Integrating Psychoanalytic Therapeutic Models</li> </ul> <p>Kollar, Charles Allen. 1997. <i>Solution-Focused Pastoral Counseling: An Effective Short – Term Approach for Getting People Back on Track</i>. Grand Rapids. MI. Zondervan Publishers.</p> <p>Corey, Gerald. 2015. <i>Theory and Practice of Counseling and Psychotherapy Tenth Edition</i>. Boston, MA. Cengage Learning Solutions.</p>
10.	03/09/19	<ul style="list-style-type: none"> <li>• Personal Reflection</li> <li>• Develop a Personal Rule of Life</li> </ul> <p>Shigemitsu, Ken. 2013. <i>God in My Everything: How an Ancient Rhythm Helps Busy People Enjoy God</i>. Grand Rapids, MI. Zondervan Publishers.</p> <p>St. John of the Cross. 2003. <i>Dark Night of the Soul</i>. Mineola, New York. Dover Publications, Inc.</p>

## **Appendix B**

### **Personal Rule of Life**

## Philosophy of Christian Spirituality

Spirituality is a quest in search of resolving the crisis of identity in which fulfillment is attained through the establishment of a union of relationship first with God in salvation and living the whole Christian faith experience in fellowship with others, and self.

**Relationship with God** – Knowledge, Wisdom, Understanding

**Relationship with Others** – Love, Forgiveness, Obedience

**Relationship with Self** – Identity, Acknowledge, Address, Change

### LEGEND:

- **Red** – The shed blood of Jesus on Calvary's Cross offered for the remission of my sins, reconciling me into a right union of relationship with God in salvation.
- **White** – The cleansing I received through accepting Jesus Christ as my Savior and LORD.
- **Blue** – My immersed water Baptism. A public demonstration of my inner commitment to follow Jesus Christ, first in Salvation, second, into service throughout the uttermost part of the world.
- **Green** – Growing in the grace and the knowledge of Jesus Christ following my salvation experience.
- **Gold** – The reward God decreed for me as a joint heir of Jesus Christ established in the heavenly realm to receive when I die in the flesh, on earth; but, alive in the spirit to live eternally in the presence of God.

### Relationship with God

- **Knowledge** – Commit to read and meditate upon God's Holy Word every day in order to obtain the knowledge of His will, wisdom, and spiritual understanding; so, that I may be conformed to His likeness. Use the spiritual discipline practice of *Lectio*



*Divina* – read, reflect, and respond to examine my ability to remember and recite the Holy Word of God.

- **Wisdom** – Consistently meditate and memorize upon the Word of God in order to acquire godly wisdom and discernment so that I may memorize His Word and be reminded to surrender to the inner promptings of the Holy Spirit to make wise choices that are fixed on pleasing God. Outline and reproduce the following classical spiritual disciplines: Confession, Worship, Guidance, and Celebration in order to reproduce, imitate the life of Jesus Christ stated in Ephesians 5:1.

- **Understanding** – Consecrate my mind with God’s spiritual understanding and be empowered by God’s Holy Spirit to let his light shine through me as His workmanship along my Christian journey in this dark and dreary world. Select one of the classical spiritual disciplines listed above and study each for a period of six weeks.

## **Relationship with Others**

- **Love** – Begin today to extend the practice hospitality and generosity toward all people by connecting with God’s people right where they are and share the good news of Jesus Christ in order to lead others to establish a right relationship with God, be reconciled, restored; or, renewed in their Christian walk with God. Develop a graph to chronicle the level of my spiritual growth in my relationship with God, others, and self.

- Allow the grace of God demonstrated toward me to abound in my life as I begin to demonstrate an attitude of gratitude for God’s manifested grace toward me by fostering an atmosphere of justice and mercy toward all men; especially, those who are poor and downtrodden. Develop a journal to document examples where the following classical spiritual discipline of Service: Hospitality and generosity toward others have been manifested toward others.

- **Forgiveness** – Dramatize God’s compassion toward others by choosing to forgive those who have afflicted me. Relate to others knowing that I convicted to demonstrate forgiveness toward others for God first forgave me. Encourage others to passionately pursue the hope and a bright future God has promised in spite of their present personal predicament, position, circumstance or condition through the practice of the classical spiritual discipline of: Submission and Evangelism. Use my Spiritual Growth chart to document incidences whereby I was convicted to forgive others through using the lenses of my blessed life.

- **Obedience** – Diagram how I the level of my faith in God prompted me to commit to obey God's commands to love others another deeply from the heart. Know when to be a shoulder for others to lean on, an ear to listen, and a voice to speak words of wisdom that will transform lives to the glory of God.

## Relationship with Self

- **Identity** – Recognize that my need to resolve my crisis of identity rests in the establishment of a union of relationship with God. I must be able to appropriately respond to these following questions: Who is God? Who am I? To whom do I belong? Why am I here?

Institute a daily quiet time to reflect upon my walk with God by being attentive, alert, and awake to identify God's invitations to join God where God is already at work in your life; as well as understand that my secret sins are not hidden from a God who is righteous, all-knowing, ever-present, and all-powerful through the practices of these classical spiritual disciplines: Meditation, Prayer, Fasting, and Study. Use my daily journal to chronicle the opportunities when I was aware of God's invitations; as well as my missed opportunities to heed to God's initial invitations or promptings.

Review my spiritual growth and development chart every two months through the classical spiritual disciplines: Simplicity, Submission, Service and Solitude, to foster a mindset whereas I will be careful to first look in the mirror to identify the plank in my eye, my sinfulness, before I look through the window at the speck in another's eye to identify or judge their sins.

- **Acknowledge** – Demonstrate my agreement with the God of love, a Holy God who has no respect of person. Know that God is not only faithful to forgive but God who chooses not to remember my unrighteousness and iniquities done toward Him; so, I must choose not to nurture others' transgressions toward me. I vow to implement a daily introspect search through a daily reading of God's Holy Word and be convicted by God's Holy Spirit to let go of all malice, and anger towards all people by praying daily without ceasing.

- **Address** – Commit to prayerfully seek the Holy Spirit's guidance before selecting godly virtues to implement as spiritual disciplines by practicing the Prayer of Examen. I vow this day to daily read the Prayer of Examen and pray that the Holy Spirit of God will illumine my mind, give me spiritual sight to uncover those things that are not of God; so, that I may experience a closer walk with God.

- **Change** – Know that it is by God's grace, I am called out from the darkness of this world into God's marvelous light, into freedom; therefore, I must strive to live in that freedom by applying those eight godly virtues that lend to a God-centered

lifestyle: Temperance, mildness, generosity, contentment, humility, chastity, diligence, and wisdom. Evaluate my spiritual growth based on the manner through which my relationships are built and lived out before man.

## Corporate Rule of Life

**Commit to live the blessed life God has decreed me to live by trusting in the LORD with all my heart and leaning not unto my own understanding, in all my ways acknowledging God knowing that God will make my path straight.**

- Compare and contrast how I give God the highest praise and worship He justly deserves as my Creator, Savior and Master of the earth and the fullness therein, if I'm truly convicted that in God I live and experience the essence of my very being.
- Use the following Bowen's Family Systems concepts: Multigenerational transmission process, conflict, triangling, distancing, and cutoff to develop a relationship building graph, on a scale from 1 – 10, with ten being the highest, to rates the level of my commitment to build and sustain a positive relationship with others: home, neighborhood, church, and work.
- Support my decision to accept God's call on my life to be sent in authority; yet, under the authority of God's Holy Spirit to extend His kingdom by fostering a radical discipleship theology that characterizes the nature of my being as a sign and a foretaste in the world through drawing all men unto Himself, first in Salvation; second into service to the glory of God. Name at least fifty people with who you have shared the good news of Jesus Christ within the last year.
- Vow to embrace God's call upon my life by using the lenses of the blessed life God has given in spite of my present crucible position, personal predicament, or station in this journey call life. Describe the second step in practical theology cited by Nancy Ammerman, et. al. in *Studying Congregations* to examine my faith tradition.
- Embrace the call of God on my life to preach and teach, share, the *Eungelion*, the Good News of Jesus Christ, in season and out of season as I use my gifts to equip, enrich, and edify God's people how to live victoriously daily as sojourners in a foreign land. Give two examples regarding what role does the mystery and memory of the Scriptures serve to fuel new imaginations.
- Practice attentive focused listening during the exercise of my spiritual gifts when conducting Pastoral Care Counseling in order to discern the voice of God, biblically interpret the word of God and allow the counselees to develop their action plan

to identify and resolve their personal predicament, condition, or situation. Document five stories I am able to help my counselees articulate God as their source: especially, in times of suffering.

- Develop a daily quiet time through the study and meditation of God's Holy Word in order to develop the ability to listen to the quiet voice of God, keep the things of God before me at all times, as well as prepare my heart to receive and obey God's commands. Summarize three stories and religious practices that have shaped my faith in the God of the Bible.

## **Appendix C**

### **The Classic Spiritual Disciplines**

## Twelve (12) Classical Spiritual Disciplines/Practices

### Corporate/Communal Disciplines

1. **Celebration** – Giving God the highest praise and worship He rightfully deserve as the Creator, Savior and Master of our lives. (*Psalm 98, Psalm 150*)

Sing to the LORD a new song, for he has done marvelous things;  
his right hand and his holy arm have worked salvation for him.  
<sup>2</sup> The LORD has made his salvation known and revealed his righteousness to the nations.  
<sup>3</sup> He has remembered his love and his faithfulness to Israel;  
all the ends of the earth have seen the salvation of our God...

Praise the LORD.<sup>[a]</sup> Praise God in his sanctuary; praise him in his mighty heavens. <sup>2</sup> Praise him for his acts of power; praise him for his surpassing greatness.  
<sup>3</sup> Praise him with the sounding of the trumpet, praise him with the harp and lyre, <sup>4</sup> praise him with timbrel and dancing, praise him with the strings and pipe, <sup>5</sup> praise him with the clash of cymbals, praise him with resounding cymbals. <sup>6</sup> Let everything that has breath praise the LORD. Praise the LORD.

2. **Guidance** -- Discern the direction and leadership of God's Holy Spirit. (*Job 16:13-15, Galatians 5:24-26*)

His archers surround me. Without pity, he pierces my kidneys and spills my gall on the ground. <sup>14</sup> Again and again he bursts upon me; he rushes at me like a warrior.  
<sup>15</sup> "I have sewed sackcloth over my skin and buried my brow in the dust. <sup>24</sup> Those who belong to Christ Jesus have crucified the flesh with its passions and desires.<sup>25</sup> Since we live by the Spirit, let us keep in step with the Spirit.<sup>26</sup> Let us not become conceited, provoking and envying each other.

3. **Confession** -- Agreeing with God. Honesty leads to confession and confession leads to commitment to change one's lifestyle. (*Psalm 51:6-7, James 5:13-16*)

Yet you desired faithfulness even in the womb; you taught me wisdom in that secret place.<sup>7</sup> Cleanse me with hyssop, and I will be clean; wash me, and I will be whiter than snow.

<sup>13</sup> Is anyone among you in trouble? Let them pray. Is anyone happy? Let them sing songs of praise. <sup>14</sup> Is anyone among you sick? Let them call the elders of the church to pray over them and anoint them with oil in the name of the Lord. <sup>15</sup> And the prayer offered in faith will make the sick person well; the Lord will raise them up. If they have sinned, they will be forgiven. <sup>16</sup> Therefore confess your sins to each other and pray for

each other so that you may be healed. The prayer of a righteous person is powerful and effective.

4. **Worship** -- An active way of acting and living that sets us apart so that we can God can transform us. We must have a hunger and thirst for God. (*Psalm 63:1-8, John 4:23-24*)

You, God, are my God, earnestly I seek you; I thirst for you, my whole being longs for you, in a dry and parched land where there is no water. <sup>2</sup> I have seen you in the sanctuary and beheld your power and your glory. <sup>3</sup> Because your love is better than life, my lips will glorify you. <sup>4</sup> I will praise you as long as I live, and in your name, I will lift up my hands. I will be fully satisfied as with the richest of foods; with singing lips my mouth will praise you.

<sup>6</sup> On my bed I remember you; I think of you through the watches of the night. <sup>7</sup> Because you are my help, I sing in the shadow of your wings. I cling to you; your right hand upholds me.

### **Outward/Public Disciplines**

5. **Service** – We must present ourselves to the throne of god’s grace and renew our minds. Give ourselves to god, holy, pleasing, and acceptable. Give God our best. Show hospitality to one another although its’ difficult to love the unlovable. (*Romans 12:1-2, 1 Peter 4:9-10*)

12 Therefore, I urge you, brothers and sisters, in view of God’s mercy, to offer your bodies as a living sacrifice, holy and pleasing to God—this is your true and proper worship.<sup>2</sup> Do not conform to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and approve what God’s will is—His good, pleasing and perfect will.

<sup>9</sup> Offer hospitality to one another without grumbling. <sup>10</sup> Each of you should use whatever gift you have received to serve others, as faithful stewards of God’s grace in its various forms.

6. **Solitude** – Learn how to be still and alone; and learn how to be comfortable in the environment, in the presence of others, yet being able to practice how to be alone with God. (*Matthew 14:22-23, Psalm 46:10-11*)

<sup>22</sup> Immediately Jesus made the disciples get into the boat and go on ahead of him to the other side, while he dismissed the crowd.<sup>23</sup> After he had dismissed them, he went up on a mountainside by himself to pray. Later that night, he was there alone, ... <sup>10</sup> He says, “Be still, and know that I am God; I will be exalted among the nations, I will be exalted in the earth.”<sup>11</sup> The LORD Almighty is with us; the God of Jacob is our fortress.

7. **Submission** – The ability to lay down the terrible burden to get one’s own way. The attitude with which one views and values others. The giving up of one’s rights. (*Hebrews 5:7-8, 1 Peter 5:6*)

<sup>7</sup> During the days of Jesus’ life on earth, he offered up prayers and petitions with fervent cries and tears to the one who could save him from death, and he was heard because of his reverent submission.<sup>8</sup> Son though he was, he learned obedience from what he suffered. . . .<sup>6</sup> Humble yourselves, therefore, under God’s mighty hand, that he may lift you up in due time.

8. **Simplicity** – To live life in the courage, the wisdom, and the strength to hold the kingdom of god as the number one priority. (*Matthew 6:19-21, 33-34*)

<sup>6</sup> Humble yourselves, therefore, under God’s mighty hand, that he may lift you up in due time.

<sup>33</sup> But seek first his kingdom and his righteousness, and all these things will be given to you as well.<sup>34</sup> Therefore do not worry about tomorrow, for tomorrow will worry about itself. Each day has enough trouble of its own.

### **Inward/Private/Contemplative Disciplines**

9. **Study** – Read, reflect, and respond. Study requires two books: Verbal and Non-verbal. A perception with the reality of a given situation, encounter, book. Study is part of your Christian spirituality. Study engages the mind and the spirit. (*2 Timothy 2:15, Isaiah 55:8-9*)

<sup>15</sup> Do your best to present yourself to God as one approved, a worker who does not need to be ashamed and who correctly handles the word of truth. “For my thoughts are not your thoughts, neither are your ways my ways,” declares the LORD. “As the heavens are higher than the earth, so are my ways higher than your ways and my thoughts than your thoughts.

10. **Fasting** – Be careful when you fast. Fasting is a private spiritual activity between you and God. (*Matthew 6:16-18, Isaiah 58:6-9*)

<sup>16</sup> “When you fast, do not look somber as the hypocrites do, for they disfigure their faces to show others they are fasting. Truly I tell you, they have received their reward in full.<sup>17</sup> But when you fast, put oil on your head and wash your face,<sup>18</sup> so that it will not be obvious to others that you are fasting, but only to your Father, who is unseen; and your Father, who sees what is done in secret, will reward you.

“Is not this the kind of fasting I have chosen to lose the chains of injustice and untie the cords of the yoke, to set the oppressed free and break every yoke?<sup>7</sup> Is it not to



share your food with the hungry and to provide the poor wanderer with shelter—when you see the naked, to clothe them and not to turn away from your own flesh and blood?<sup>8</sup> Then your light will break forth like the dawn, and your healing will quickly appear; then your righteousness<sup>[a]</sup> will go before you, and the glory of the LORD will be your rear guard.<sup>9</sup> Then you will call, and the LORD will answer; you will cry for help, and he will say: Here am I. “If you do away with the yoke of oppression, with the pointing finger and malicious talk.”

11. **Meditation** – The ability to hear and obey god’s voice and Word. Keep the things of God before you at all times. Prepare your heart to receive the Word of god and obey it. Meditation introduces us to the inner life. (*Psalm 1:1-3, Hebrews 12:25-29*)

12. **Prayer** – Prayer causes things to change as we see things from God’s point of view. Learn to listen to God before you speak to others. Learn to hear, know, and obey the will of God before you pray in into the life of others. Prayer brings us into the deepest and highest level of communication with God. (*Romans 8:26, Ephesians 6:1*)

<sup>26</sup>In the same way, the Spirit helps us in our weakness. We do not know what we ought to pray for, but the Spirit himself intercedes for us through wordless groans.

<sup>18</sup>And pray in the Spirit on all occasions with all kinds of prayers and requests. With this in mind, be on alert and always keep on praying for all the Lord’s people.

**Appendix D**

**Solution Focused Therapy**

### **Solution Focused Therapy**

Kollar planted a seed in this reader's mind when he exclaimed, "I have often wondered what it is that prevent us from seeing and acting on new ideas. It is important to understand this because it could be the same thing that hinders a counselee from seeing new options, outcomes, and solutions."<sup>1</sup> Something clouds the vision when one is in the midst of a crisis or problem-saturated life situation, assuming that the future is only an extension of the past. Yet, this one must caution self not to allow the future to become a mirror, an image of one's negative past.

It is important to have self-imposed rules and regulations that establish one's personal ways of dealing with life. One should learn how to be successful within the parameters, which could be called an individual paradigms. In this sense, these paradigms filter all incoming information, sorting out whatever does not fit. Jesus commented on humanity's inability to see beyond these paradigms when he taught about the Kingdom of God. What he said was unlike anything his listeners had ever heard before. It did not fit their rules and regulations. To many of them it was as if they were entirely deaf. Of such Jesus said, "If anyone has ears to hear, let them hear" (Mark 4:23 NIV).

Because of humanity's fixed ways of thinking, people often miss out on discovering future possibilities. Unexpected information is ignored or twisted to fit old notions. For example, one may become blind to creative solutions. One's paradigms have the power to keep one from hearing and seeing what could happen. This results in some

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1. Charles Allen Kollar, *Solution-Focused Pastoral Counseling: An Effective Short-Term Approach for Getting People Back on Track* (Grand Rapids: Zondervan Publishers, 1997), 13.

personal limitations that could have devastating consequences. Biblical or Therapeutic Counseling should look at counseling through the lens of faith. Those who come for counseling should come with a willingness to listen, to develop principles for getting them unstuck and get back on track in their lives, marriages, and families.

Regarding how counseling is done, it should be with a focus to shifting paradigms, both in the mind of the counselor and of the counselee beginning the process of developing three guidelines and skills for creative goal formation in the counseling interview. The counselor and counselee should cooperatively strive to cooperatively how to create outcome focus solutions through practicing these three solution focused strategies:

- Stop focusing on the problem; but look beyond the problem with a focus on hoping for a brighter future. Change your paradigm.
- Stop reinforcing the problem by making it your primary focus and look for a better way believing that a brighter future is at hand.
- If you must see the goal now before it is realized in God's timing, it may not be faith; but, if you can believe it and not see it; then, it can be realized. "For Faith is the substance of things hope for and the evidence of things not seen."<sup>2</sup>

Gerald Corey recognized Steve de Shazer as one of the pioneers of Solution-Focused Brief Therapy (SFBT). He wrote several books on SFBT, including *Keys to Solutions in Brief Therapy* (1985), *Clues: Investigating Solutions in Brief Therapy* (1988), *Putting Difference to Work* (1991), and *Words Were Originally Magic* (1994).

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2. Gerald Corey, *Theory and Practice of Counseling and Psychotherapy*, 10th ed. (Boston: Cengage Publishing, 2015), 371.

## **Introduction**

SFBT is a future-focused, goal-oriented therapeutic approach to brief therapy developed initially by Steve de Shazer and Insoo Kim Berg at the Brief Family Therapy Center in Milwaukee in the early 1980s. SFBT emphasizes strengths and resiliencies of people by focusing on exceptions to their problems and their conceptualized solutions. SFBT is an optimistic, anti-deterministic, future-oriented approach based on the assumption that clients have the ability to change quickly and can create a problem free language as they strive for a new reality.<sup>3</sup>

## **Key Concepts**

The solution-focused philosophy rests on the assumption that people can become mired in unresolved past conflicts and blocked when they focus on past or present problems rather than on future solutions. SFBT differs from traditional therapies by eschewing the past in favor of both the present and the future. Therapists focus on what is possible, and they have little or no interest in gaining an understanding of how the problem emerged. Behavior change is viewed as the most effective approach to assisting people in enhancing their lives. De Shazer suggests that it is not necessary to know the cause of a problem to solve it and that there is no necessary relationship between the causes of problems and their solutions. Assessing problems is not necessary for change to occur, if knowing and understanding problems are unimportant, so is searching for “right” or absolute solutions. Any person might consider multiple solutions, and what is right for one person may not be right for others. It is within the scope of SFBT practice to allow for some discussion of presenting problems to validate clients’ experience and to

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3. Corey, *Theory and Practice of Counseling and Psychotherapy*, 371.

let them describe their pain, struggles, and frustrations. This brief exploration differs from the lengthy discourse into the history and causes of problem common to some other types of therapy. In solution-focused brief therapy, clients choose the goals they wish to accomplish; little attention is given to diagnosis, history-taking, or exploring the emergence of the problem.<sup>4</sup>

### **Positive Orientation**

Solution-Focused Brief Therapy is grounded on the optimistic assumption that people are healthy, competent, and have the ability to construct solutions that can enhance their lives. An underlying assumption of SFBT is that one already can resolve the challenges life brings, but at times the sense of direction or awareness of competencies is lost. Regardless of what shape clients are in when they enter therapy, solution-focused therapists believe clients are competent.

The therapist's role is to help clients recognize the competencies they already possess and apply them toward solutions. The essence of therapy involves building on clients' hopes and optimism by creating positive expectations regarding change. SFBT parallels these expectations that change is possible. SFBT has parallels with positive psychology, which concentrates on what is right and what is working for people rather than dwelling on deficits, weaknesses, and problems. By emphasizing positive dimensions, clients quickly become involved in resolving their problems, which makes this a very empowering approach.<sup>5</sup>

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4. Corey, *Theory and Practice of Counseling and Psychotherapy*, 372.

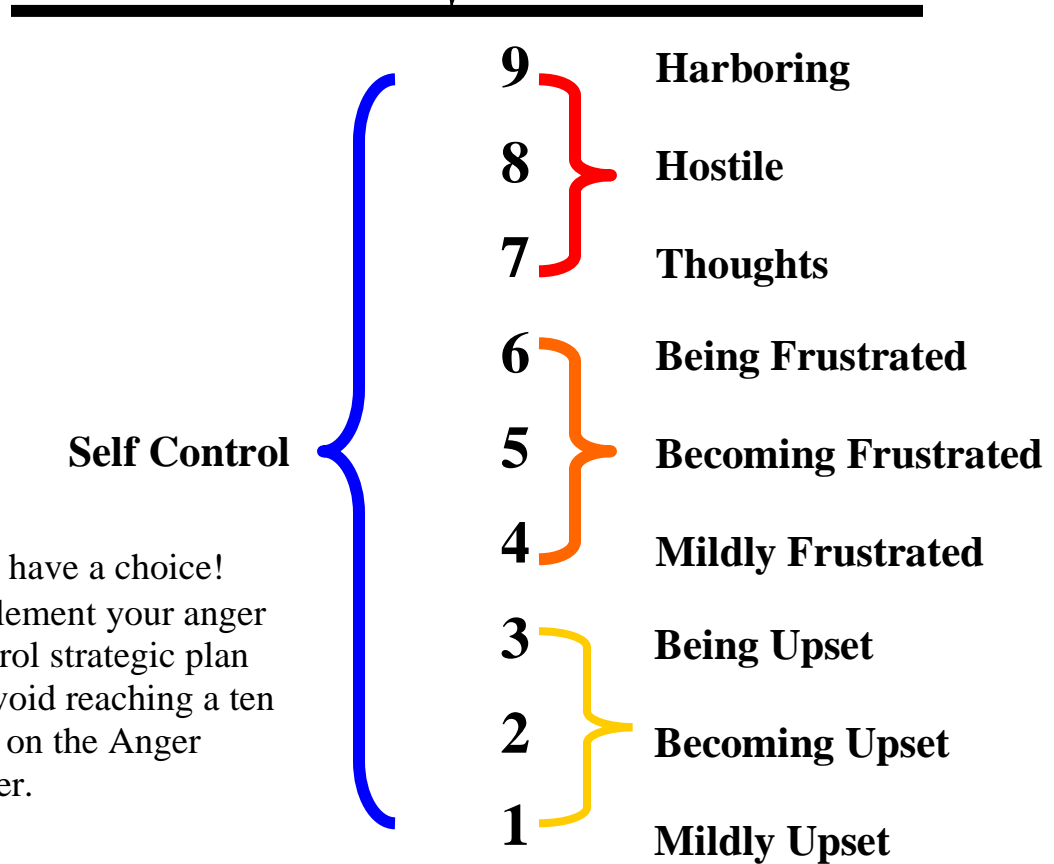
5. Ibid.

## **Appendix E**

### **Anger Meter**

## Anger Meter

- Exercise aggression and bring damage to self, others and/or property

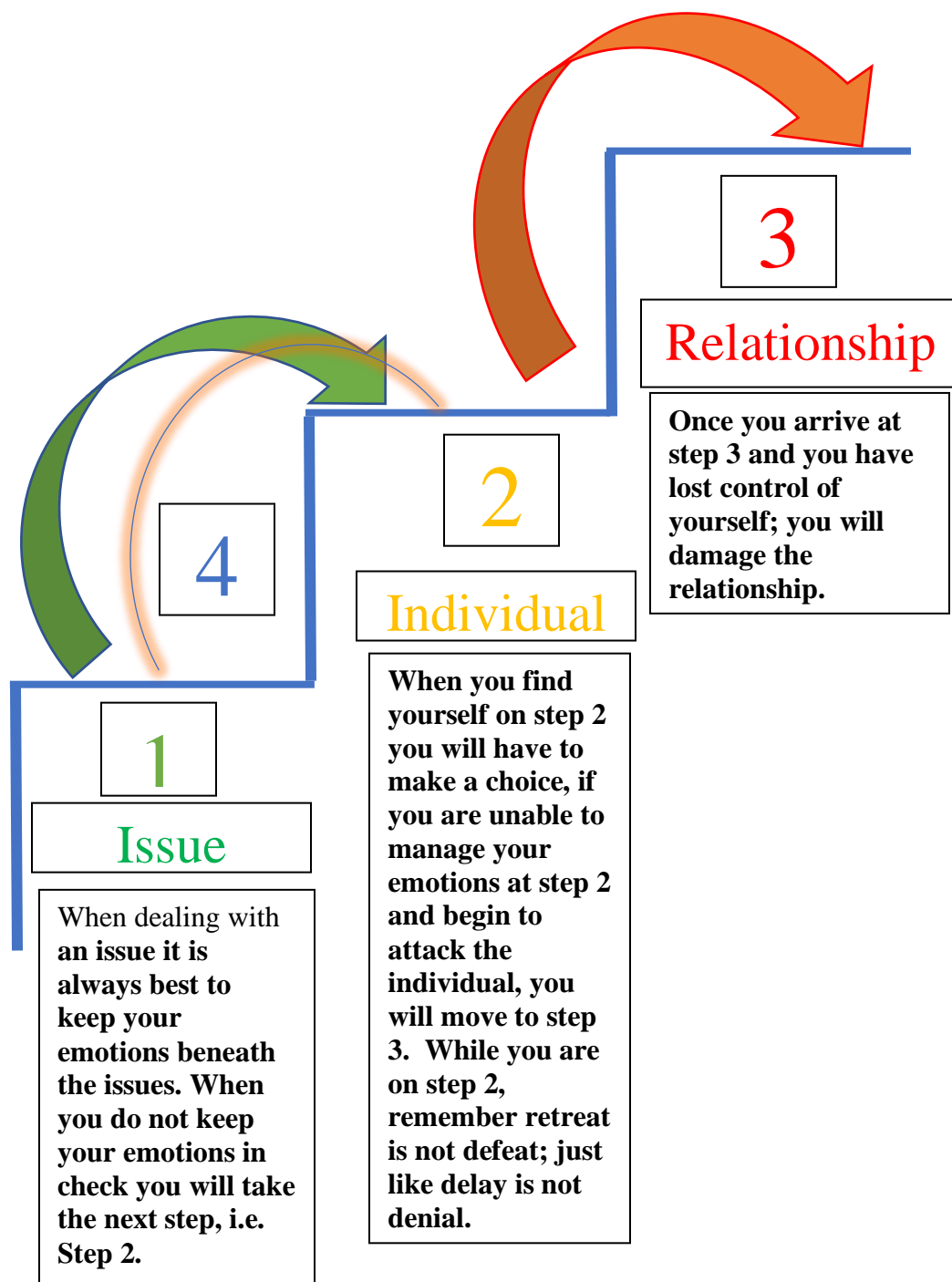


- You have a choice!
- Implement your anger control strategic plan to avoid reaching a ten (10) on the Anger Meter.



## **Appendix F**

### **Conflict Resolution Practices**



## **Appendix G**

### **ARCH National Respite Care Network and Resource**

([http://www.advancingstates.org/sites/masud/files/hcbs/212/1005/nationalRespite\\_Guidelines\\_Final\\_October\\_2011](http://www.advancingstates.org/sites/masud/files/hcbs/212/1005/nationalRespite_Guidelines_Final_October_2011). Pdf-, accessed date 09222016 10:02 p.m.)

## ARCH National Respite Care Network and Resource

The mission of the ARCH National Respite Network and Resource Center is to assist and promote the development of quality respite and crisis care programs; to help families locate respite and crisis care services in their communities; and to serve as a strong voice for respite in all forums. The ARCH National Respite Network and Resource Center consists of the ARCH National Respite Resource Center ([www.archrespite.org](http://www.archrespite.org)), the training and technical assistance division, which provides support to service providers and families through consultation, training, evaluation, and research.

The ARCH National Respite Network also includes the National Respite Locator ([www.archrespite.org/respitelocator](http://www.archrespite.org/respitelocator)), a service to help family caregivers and professionals locate respite services and funding sources in their community, the National Respite Coalition ([www.archrespite.org/national-respite-coalition](http://www.archrespite.org/national-respite-coalition)), a service that advocates for preserving and promoting respite in policy and programs at the national, state, and local levels, and the Technical Assistance Centers for Caregiver Programs and Lifespan Respite ([www.archrespite.org/ta-center-for-respite](http://www.archrespite.org/ta-center-for-respite)), a joint venture with the Family Caregiver Alliance ([www.caregiver.org](http://www.caregiver.org)) of San Francisco, which is funded by the Administration on Aging ([www.aoa.gov](http://www.aoa.gov)) in the U.S. Department of Health and Human Services. The TA Center for Lifespan Respite provides training and technical assistance to State Lifespan Respite grantees and their stakeholders, including State Respite coalitions, ADRC representatives, and others interested in building such systems at the state and local levels.

### NATIONAL RESPITE GUIDELINES

#### *What is Respite?*

The Lifespan Respite Care Act of 2006 defines respite care as “planned or emergency care provided to a child or adult with a special need in order to provide temporary relief to the family caregiver of that child or adult.” Respite services may be provided in a variety of settings, on a temporary basis, including the family home, adult day centers, respite centers, or residential care facilities. Respite is a key component of family support and home and community-based long-term services and supports. Respite services strengthen family systems while protecting the health and well-being of both caregivers and care recipients.

#### ***Respite***

- is a vital part of the continuum of services for families
- reduces family stress and thereby helps preserve the family unit
- supports family stability
- prevents or delays lengthy and costly out-of-home placements
- prevents possible abuse and neglect situations; and
- preserves caregiver – care recipient relationships

For more information about accessing and using respite services, consult *The ABCs of Respite: A Consumer's Guide for Family Caregivers*.  
<http://www.archrespice.org/consumer-information>

### **Federal Lifespan Respite Care Act**

Congress authorized the Federal Lifespan Respite Care Act in 2006. In 2009, the U.S. Administration on Aging (AoA) was given responsibility for program implementation and administration. AoA is working closely with representatives from across the age and disability spectrum to ensure that Lifespan Respite Care Programs meet the respite needs of caregivers of children and adults of all ages with special needs. Lifespan Respite is defined as “coordinated systems of community-based respite for family caregivers of children or adults regardless of special need (PL 109-442).” Lifespan Respite Care Programs advance the following objectives:

- expand and enhance respite services in the states
- improve coordination and dissemination of respite services
- streamline access to respite programs
- fill gaps in service where necessary; and
- improve the overall quality of the respite services currently available.

### **History of the National Respite Guidelines**

The National Respite Guidelines were originally produced in 1994 to assist providers of respite care for children and youth in their desire to strive for quality respite programs. At that time, respite systems included a broad array of informal and formal programs and settings. The guidelines were intended to assist providers of respite care to assess, enhance, and expand respite services for children.

In recent years, the focus on lifespan respite has expanded the continuum of respite models and settings, and there is a continued need for national guidelines to guide professionals as they strive to enhance and expand respite systems and services. Today respite has many faces and can include informal care provided by family members, friends, and neighbors, as well as in-home care, center-based care (e.g., adult day programs), volunteer programs, recreational programs (e.g., therapeutic recreation, camps), residential programs (e.g., group homes, assisted living facilities), and hospital-based services.

### **Using the Guidelines**

The guidelines provide a summary of guiding principles addressing quality indicators for all respite models and services. They can act as a checklist for providers of respite to review as they address respite service delivery issues.

The guidelines are intended to be used by respite provider programs, individual providers, health care providers, human services agencies (i.e., disability, health, aging, and children), state agencies, planning groups, stakeholders, and others who are interested in advancing quality respite.

State organizations can use the guidelines for planning future respite systems and to provide consultation and technical assistance for local and regional agencies and programs. Local organizations and agencies can use the guidelines as they assess, plan, develop, and enhance or expand specific respite programs and services in their community. Some sections of the guidelines may be helpful when family caregivers directly recruit and hire their own respite providers.

For more information on how to assess and use respite, consumers, family caregivers and care recipients may want to refer to the checklists and additional information included in the ABCs of Respite: A Consumer Guide for Family Caregivers mentioned earlier.

The guidelines are not intended to be standards or licensing requirements. As the title suggests, they are guidelines or guiding principles for respite programs to follow or consider. The current revisions to the guidelines have incorporated language and best practices to effectively include individuals with special needs across the lifespan.

## **FAMILY CAREGIVERS**

### **Overview**

The respite guidelines address the respite needs of family caregivers providing ongoing care for infants and toddlers, school age children, youth, adults, and the aging. Most guidelines are generic with occasional references to specific age or disability populations where appropriate.

Caregiving needs are related to many health care and disability needs. These could include children and adults with developmental disabilities, adults with acquired disabilities (e.g., spinal cord injury, traumatic brain injury), and the aging population experiencing health and disability issues (e.g., Alzheimer's, heart disease, stroke, arthritis).

Since family members are the ongoing caregivers and the cornerstone of quality of life for the individual needing care, it is important to identify and respect their needs and preferences. Further, it is essential to involve them in the provision of respite services and options, ensure that they have access to frequent and sufficient amounts of respite as early in their caregiving experience as possible, and to help them to better use their respite time in order for it to be more meaningful (Utz, Lund, Caserta & Wright, 2011). At the same time, the respite experience should be meaningful for the care recipient, as well as safe.

### **Who are Family "Caregivers"?**

Family caregivers encompass a broad array of family members and others who might be providing care for these populations, including parents, grandparents, adult children, spouses, siblings, other family members, neighbors, friends, and foster and adoptive parents.

Family caregivers include individuals providing care for children or adults with disabilities, and those caring for the aging. Some caregivers might be providing care for children with disabilities, as well as aging parents. In 2009, an estimated 65.7 million people in the U.S. served as unpaid family caregivers to an adult or child. More than half of care recipients (56%) are under age 75, and almost one-third (28%) are under age 50 (*National Alliance for Caregiving, Caregiving in the U.S., November 2009, <http://www.caregiving.org/data/CaregivingUSAllAgesExecSum.pdf>*).

Care recipients encompass a broad array of individuals across the lifespan who need temporary care so that family caregivers can receive a respite break. Care recipients can include infants, toddlers, school age children, youth, young adults, adults and the aging. They include individuals with developmental disabilities; those with acquired disabilities through illness or disease, injury or combat duty; those at risk of abuse and neglect; and those who are aging with health and/ or disability issues. Care recipients may require continuous care which can be taxing on family caregivers and indicate a need for a break from caregiving responsibilities. Also, care recipients benefit from meaningful respite experiences that provide enjoyable, stimulating, enriching, or therapeutic activities.

Care recipients who are constantly in the care of their parent, sibling, spouse; or child may also need a break from their caregiver and an opportunity to experience the company of someone other than their caregiver. Both the caregiver and the care recipient need and can have a positive respite or short break from one another.

### **Family Caregiver Involvement**

Family caregiver involvement encompasses the inclusion of family caregivers in all aspects of quality, accessible respite service delivery. It is important to clearly define family roles so that they can be effectively involved in activities such as surveying caregiver needs, planning respite services, and program evaluation.

- Respite programs provide information about respite services and options to physicians, health care, social work, disability, and aging service providers to facilitate family caregivers having access to respite early in the caregiving experience.
- Respite programs assist family caregivers in identifying their particular need(s) for services through timely, volunteer caregiver assessments or through informal discussion to ensure that they gain the greatest benefits from respite. Family caregivers are involved in service design and implementation.
- Respite programs solicit family caregiver input regarding service delivery on an ongoing basis (e.g., needs assessments, service satisfaction surveys, advisory boards).
- Respite programs and family caregivers work together to clearly define family roles and responsibilities within the services being provided.
- Respite services are developed so that they are family-centered (take into consideration the needs of all family members).
- Respite programs build on the strengths and resources of families.
- Respite is planned so that it can be available early in the caregiving experience and in a frequently and therapeutically sufficient dosage to positively affect the family caregiver's health and well-being.

- Family caregivers receive appropriate emotional support and reassurance about having their loved one in care.
- Family caregiver preferences for service entry, location, hours, activities, and delivery, are respected and accommodated, as appropriate.
- Families have access to their loved ones while they are in care.
- Family caregivers are encouraged to value their respite time and engage in respite activities that will maximize their benefits and outcomes.
- Family diversity is reflected in each family's unique characteristics such as race, ethnicity, language, family composition, socio-economic status, and religious beliefs. It is important that respite programs and providers respect these characteristics in the provision of respite services.
- Each family's cultural, racial, and linguistic identities are acknowledged, respected, and supported.
- Each family's spiritual beliefs are acknowledged and respected.

### **Guiding Principles for Respite Models and Services**

Diversity in family composition is acknowledged and supported in the provision of respite services (e.g., grand families; foster and adoptive families; single parent families; lesbian, gay, bisexual, and transgender families (LGBT)). Every effort is made to incorporate the family's cultural and linguistic needs into respite services.

## **RESPITE SYSTEMS**

### **Overview**

Respite systems encompass a wide array of services and options to meet the diverse and changing needs of family caregivers. Some respite services are informal or self-directed, while others are formal or agency-sponsored.

Respite care can be provided on a planned or emergency basis and may include day, overnight, weekend care, or extended care. Respite systems offer a range of temporary service options to meet the current and future needs of family caregivers, keeping in mind that respite is meant to be temporary and is not intended as a substitute for full-time child or adult day care that is used solely to allow a family member to work or attend school on a regular basis.

While full-time child or adult day care may result in a respite "outcome" for some family caregivers, other funding sources exist to support this level of care. This section addresses key considerations for respite care systems including models of care and ensuring quality respite service delivery.

### **Respite Care Models**

To offer family caregivers a range of respite service options that will meet their current and future needs, communities and programs provide respite service options that address the changing needs of families. Settings such as childcare centers, foster care homes, group homes, assisted living or nursing homes provide primarily full-time care.



However, they can also be made available on a temporary basis to provide respite, especially when overnight respite is desired or required.

Respite services can include the following settings and options:

- An in-home respite program, where services are provided in the family's home or a care provider's home.
- A center-based respite program, where family caregivers bring the care recipient (e.g., child, adult, aging individual) to a facility in the community to receive respite care.
- A child or adult care setting, such as a child or adult care center or a family day care home or adult family home, which is designed to provide temporary respite care in addition to their regular child or adult care services.
- Recreational programs provided through parks and recreation departments and YMCA programs, which provide recreational programs that offer respite breaks.
- Generic community programs where children or adults receiving respite services are integrated into programs

### **Guiding Principles for Respite Models and Services**

- Summer or weekend camps that provide day or overnight options
- Residential and group home programs with designated respite beds
- Licensed foster homes for children and adults
- Emergency shelters and shelters for the homeless
- Hospital-based programs
- Assisted living or nursing home respite programs
- Cash assistance, voucher, or parent subsidy programs so family caregivers can pay for and access respite care options of their choice
- Registries that list providers so family caregivers can make their own decisions on choice of providers
- Informal supports (social capital) such as neighbors, friends, other family members, faith-based groups, cooperatives, or volunteer efforts

### **Respite Care Providers**

Respite programs provide the administrative home for many respite providers and engage in provider recruitment, hiring, training, and supervision. Respite provider qualifications and training are among the greatest predictors of respite quality and safety. The information presented in this section and the sections that follow is pertinent for respite providers working within a formal respite program which is administered by an agency.

Some of the information included may also be appropriate for providers who provide respite services as independent contractors or as part of a generic community service (e.g., parks and recreation program), or who provide respite more informally (e.g., volunteer program, respite co-op). In situations where cash assistance is provided through Medicaid waivers, family support programs, or other funding sources for family caregivers to locate, train, and hire their own respite provider (i.e., participant-directed

respite), then the family caregiver may want to directly address some of the guidelines in this section to help them assess a potential respite service.

### **Qualifications**

Well-trained, knowledgeable, and experienced respite providers are the key to a successful, safe, and enriching respite experience, ensuring that family caregivers are confident that their family member is receiving quality care. It is essential that respite programs thoroughly assess provider competencies, qualifications, work experience, and background.

- Respite programs conduct provider interviews, contact references, and require criminal background checks.
- Respite programs assess provider knowledge about human development and developmentally appropriate activities.
- Respite programs ensure that providers have work or volunteer experience working with the population they are serving (i.e., family caregivers, children with disabilities, adults with dementia, families in crisis).

### **Guiding Principles for Respite Models and Services**

Respite programs ensure that providers are physically and emotionally able to provide the care (e.g., by assessing work/volunteer experience, asking specific open-ended interview questions, and checking work and character references).

### **Recruitment**

Targeted respite provider recruitment activities help respite programs strengthen and sustain provider capacity so that the respite program can effectively and consistently meet the needs of family caregivers and care recipients without interruption. Recruitment strategies can vary depending on the respite program and family caregiver requirements, but can include community outreach, advertisements, and informal networking.

- Recruitment campaigns for providers are carefully planned to encourage potential providers to respond to the need for respite.
- Family caregivers are encouraged to identify their own respite providers whenever appropriate from formal or informal supports.
- Efforts are made to recruit respite providers from various ethnic, racial, linguistic, and cultural groups, as well as from socially diverse families (e.g., grand families; foster and adoptive families; single parent families; lesbian, gay, bisexual, and transgender families (LGBT)) in order to provide a diverse workforce.
- Respite programs recruit providers who can effectively address specific family and care recipient needs (e.g., fluent in family's first language, trained to work with individuals with dementia).
- Respite programs recruit respite providers representing both male and female role models for children and youth.
- Respite programs recruit respite providers who live in areas easily accessible to families needing services, or plan to address resulting transportation issues if this is not possible.

### **Hiring and Retention**

Respite programs have policies and procedures in place for hiring providers and volunteers.

- A job description is developed for all paid and volunteer respite positions, including the knowledge and skills needed to perform the designated job.
- Respite providers and volunteers are required to submit a job application, provide references, and participate in an interview.
- Respite programs conduct criminal background checks.
- Respite providers are given a contract outlining provider and/or volunteer roles and responsibilities.
- Once hired, respite providers and volunteers are given a general program orientation and participate in pertinent training activities.
- Respite programs provide ongoing support and supervision, including evaluating and providing feedback on the performance of each provider and volunteer.

### **Guiding Principles for Respite Models and Services**

- Respite programs make every effort to pay providers wages appropriate to their level of experience and the type of care they give (e.g., community care versus medical respite care).
- Whenever appropriate and possible, respite providers receive benefits such as health insurance, paid sick and vacation days, and a retirement package.

### **Volunteers**

Volunteers are a valuable and cost-effective resource for respite programs. So that volunteers can be effectively used to support the respite experience, programs must develop a clear vision of the role(s) volunteer recruits play in their program. Depending on their skills, education, and background, volunteers can serve in a broad array of roles.

- Respite programs consider using volunteers to provide a number of roles including clerical, fund raising, grounds' improvements, as well as direct services.
- Respite programs dedicate administrative staff time to careful recruitment, training, retention, and supervision of volunteers.
- Volunteers are recruited from the general community targeting potential volunteers through entities such as senior organizations, colleges and universities, corporate volunteer programs, service organizations, and faith communities.
- If volunteers are providing direct services, respite programs plan for a comprehensive orientation, training, ongoing support, and supervision, as well as specific volunteer job roles.
- Volunteers are carefully matched with respite program needs. For example, more complex medical needs among children or adults with disabilities, or older care recipients with later stages dementia, may require more highly trained or more closely supervised volunteers to provide respite.
- Respite programs plan for ways they can recognize volunteers for the services they perform (e.g., recognition events, participation in staff training).

### **Training**

Once respite programs and volunteers have been recruited and hired, it is essential that they receive pre-service training as well as regular in-service training on topics relevant to their work.

Training activities can be designed to include an initial orientation, group training, individualized training on specific care recipients' needs, and periodic in-service training to enhance provider skills. Ideally, more than one method of training is offered to address various provider learning styles and needs.

Family caregivers and adult care recipients are involved in determining training content and in supervising or assisting in the training of providers, as appropriate. Training can involve formal group presentations, as well as direct training of respite providers by family caregivers and/or adult care recipients in the home

- Respite providers and volunteers receive training which not only enhances their skills, but also lets them know they are a valued member of a respite team, worthy of receiving information to improve the quality of their work.
- Respite providers and volunteers receive training prior to providing care. Training is individualized to meet the needs of providers. In some situations, providers may already possess the requisite skills and background. In general, the following topics are included in training for providers. Additional topics may need to be added in specific circumstances.
- Overview of respite services and importance of respite as a valued service
- Overview of family caregiving issues, including but not limited to the positive and negative physical, emotional, and familial consequences of caregiving.
- Caregiver stress and resultant outcomes
- Confidentiality
- Communication skills
- Disability awareness
- Respect for the independence and abilities of the care recipient
- Child, adolescent, and adult development and aging issues, as appropriate for the respite setting
- Conditions of individuals which respite providers are likely to encounter, such as disabilities, chronic or terminal illnesses, dementia, and those at risk of abuse and neglect
- Family diversity (cultural, ethnic, racial, linguistic, family composition)
- Effective ways to work with families of individuals with disabilities and chronic or terminal illnesses and/or families in crisis
- Planning and preparing developmentally appropriate activities; maintaining appropriate routines and schedules for those in care
- Policies and procedures for the respite program, including expectations for reporting and documentation
- Emergency procedures (First Aid, CPR, program emergency protocols)
- General information about the spread of infectious disease, and universal precautions to be used in the care of individuals to avoid the spread of disease

- Program procedures for the administration of medication and other health related tasks; special hair and skin care
- Abuse and neglect detection and reporting protocol for mandated reporters
- Crisis intervention; issues in domestic violence and substance abuse
- Behavior management, what behaviors to expect from individuals with specific disabilities such as autism, and managing individuals with difficult behaviors, including dementia, and of those whose family is experiencing a crisis

### **Supervision**

Supervision is a means of overseeing one's work, offering guidance and verbal and emotional support to those who are providing care either on a paid or volunteer basis. Such teaching and debriefing opportunities enhance the quality of the care being provided.

- All respite providers, whether paid or volunteer, receive ongoing supervision and support.
- An administrative staff person is assigned the duty of maintaining consistent and ongoing contact with respite providers to answer questions, listen to their concerns, and share in the joys of providing respite services.
- Regular staff meetings and in-service training are available to all respite providers.
- In case of emergencies while an individual is in care, respite providers will be given access to an administrative staff person at all times.
- Whether performing their work in the company of co-workers or in the isolation of their home or the family's home, respite providers have access to peer support to share concerns and receive support.
- Respite providers and respite programs exceed state licensing requirements, as needed, in determining the ratio of caregivers to providers. Some individuals in care, especially young children; or the elderly with dementia, frequently have additional needs for assistance and supervision. Respite providers can more readily respond to those needs if they have only a few individuals in their care.
- Respite programs determine the provider/care recipient ratio by assessing the individualized needs of each care recipient. In practice this will mean that some care will be appropriately provided in small groups, and, in some instances, care will be provided on an individual basis.
- Documentation and reporting procedures are in place to reflect the respite provider service location if it is different from the immediate supervisor's location.

### **Quality Care**

Respite programs and providers strive to deliver excellent, high quality respite in every aspect of caregiving from easy access to services, including information and referrals to other services, to a safe environment with an emphasis on health, hygiene, and good nutrition. Programs are prepared to address individual medical needs and have established systems to handle emergencies.

### **Access to Services**

Respite services are “family friendly” and easy to access.

- Family caregivers are clear about what they need to do to receive services (i.e., who to call, intake paperwork, eligibility, providing medical information and releases).
- Respite programs have one point of entry or “no wrong door” for family caregivers to access services (e.g., help line, referral agency, service coordinator, case manager)
- Respite programs make the service entry process clear to family caregivers and easy to follow.
- Respite programs have guidelines for eligibility, selection, and priority for services.
- If necessary and appropriate, respite programs maintain a waiting list and provide respite services to those family caregivers as soon as possible based on criteria developed by the respite program.

### **Information and Referral**

Respite may be one in a range of possible services necessary to support the family caregiver. If specific ancillary services are not available to family caregivers within the respite program, they are referred to other community agencies that may be able to meet their related service needs. Respite programs encourage and help family caregivers identify formal or informal supports or available social capital through caregiver assessment or informal discussion.

- Respite programs identify and maintain current information on other community services that family caregivers may find helpful.
- Respite programs actively work to be included in information and referral (I & R) and other “no wrong door” community systems.
- Respite programs share information with family caregivers to increase their awareness of, and access to, additional needed services.
- Respite programs facilitate referral to other services, when requested.
- Respite programs coordinate with other service providers as active partners in individual and family systems of care.
- Respite programs provide or assist in accessing additional related services to enhance the respite experience and to meet other family caregiver needs.

### **Transportation**

- Health care information or services (e.g., insurance, medical, mental health, chronic health conditions, disability)
- Case management or service coordination
- Counseling and therapy services
- Early intervention services for infants and toddlers
- Occupational and physical therapy services
- Parent/Family caregiver education
- Support groups for care recipient or family members
- Financial assistance and home health care services

### **Privacy/Confidentiality**

Family and care recipient privacy and confidentiality are respected at all times by respite program staff and volunteers. Respite programs only request information that is necessary for the provision and evaluation of services.

- All written records, email correspondence, and interactions (e.g., phone conversations, meetings) are kept confidential.
- Respite programs adhere to the Health Information Privacy Accountability Act (HIPAA) rules related to sharing health care information.
- Respite services are designed to respect each care recipient's privacy, personal space, and possessions.
- Each care recipient's need for privacy is respected without compromising safety and quality of care.

### **Safety**

The respite care setting is clean, safe, and free of hazards.

- Children and adults are able to easily explore the respite setting, and the environment is free of safety hazards. (e.g., a toddler is not exposed to a play area that includes tiny toy pieces that could end up being choked on or swallowed; adults with mobility issues are not restricted due to scatter rugs that pose a hazard).
- Exits are secured to prevent care recipients from wandering away from the respite setting.
- Care recipients are supervised by an adult at all times while in care.
- Care recipients are protected from physical, sexual, and emotional abuse by others in the program and care providers.
- Respite programs adhere to state child and adult protective services requirements as mandated by law.

### **Nutrition**

Each individual receiving respite care receives good nutrition.

- Food preferences are respected in planning and providing for each individual's nutritional needs. Specialized needs due to religious requirements or health needs of individuals are provided as appropriate.
- Federal United States Dietary Guidelines for Americans, released by the Secretaries of Health and Human Services and Agriculture, are followed for all age groups. <http://www.health.gov/dietaryguidelines/>
- Meals are attractively presented, occur regularly and frequently, and are not limited in quantity (unless under physician's orders), withheld, or forced.
- Meals are provided in a socially pleasant environment and care providers are encouraged to eat with the care recipient(s).
- Care recipients are encouraged to feed themselves as independently as possible. Feeding assistance and support is provided when necessary.
- Age-appropriate adaptations are used, such as infants are always held for bottle feedings and spoken to while being fed.
- Hygiene

- Individuals receiving respite care are provided good hygiene and access to needed toileting and bathing facilities.
- Care recipients receive hygiene assistance, support, and adaptations as needed.
- Care recipients who need assistance are bathed and dressed in clean, appropriate clothing and are shown respect in the process.
- Care recipients have daily oral hygiene.
- Care recipient's hair is clean and free of lice; and, is brushed and combed as well. Hair is never cut or styled without permission. Special hair and skin care are available for individuals who need it.
- Respite programs adhere to specific state and local health department requirements as appropriate.

### **Universal Precautions**

Respite providers are trained in universal precaution techniques. Universal precautions were developed by the Centers for Disease Control and Prevention in the 1980s to reduce the spread of infection among health care providers and patients in health care settings. Such precautions are necessary in order to prevent the spread of disease, whether caring for one individual or several at the same time.

- Respite providers wash hands properly and frequently.
- Respite providers wear disposable gloves when in contact with bodily fluids (i.e., urine, feces, blood, saliva, open wounds).
- Articles soiled with bodily fluids are properly disposed of in a covered container.
- Hands are washed prior to and after changing diapers or assisting with toileting.
- Personal grooming articles, such as combs and toothbrushes, and clothing are never shared and are labeled and stored separately.
- Equipment and toys are cleaned and sanitized frequently, particularly in respite programs that care for infants and toddlers who tend to put everything in their mouths.

### **Medical**

Community respite providers need medical information and knowledge in order to address the needs of care recipients who have medical and technology needs in respite settings. Medical needs can vary from tube feedings to administering medications to suctioning tracheotomies and using adaptive equipment. Respite providers are trained in how to deal with the unique medical requirements of care recipient(s).

- Community respite program and providers secure appropriate and necessary medical equipment and technology for care recipients.
- Respite providers are familiar and well-versed in the use of needed adaptive equipment and assistive technology.
- Respite programs and/or respite providers solicit and maintain pertinent medical information.
- Respite programs ensure that there is signed consent (or medical release) for the administration of prescription and over-the-counter medications to care recipients. Consent must be given by the family caregiver, parent, or guardian and under applicable state laws.



- Medication administration documentation includes date, time, dose, and name of the person who administered the medication. A copy of the medication documentation is given to the primary family caregiver when the individual leaves care.
- If necessary, family caregivers are assisted in accessing any needed health care for their loved one or are referred to appropriate services.
- Respite programs follow pertinent state health department; or, any state requirements related to medication administration.

### **Emergencies**

Respite programs have emergency plans and resources in place to address emergencies. Respite programs ensure that respite providers have the necessary information, resources, and contacts available to address care recipient emergencies.

- The service agency and respite provider have information on contacting the family caregiver in the event of an emergency. When an emergency occurs, the family caregiver is contacted immediately or as soon as possible.
- Respite programs require a signed consent (or medical release) by the family (primary caregiver; parent or legal guardian), to allow for immediate medical emergency treatment in the event of an accident or illness while the individual is in care.
- If the care recipient receives medical attention while in care that includes receiving new medications, written permission to administer medications in accordance with the prescription is obtained from the physician prescribing medications. Documentation includes date, time, dose, and name of the person who administered the medication. A copy of the medication documentation is given to the family caregiver when the individual leaves care.
- As appropriate, respite programs maintain copies of health legal documents including durable power of attorney, health proxy, and do not resuscitate (DNR) orders.

### **Providing Respite**

Each person receiving respite services is treated as an individual, and not treated in a prescribed manner based on his/her special needs. Each individual's unique strengths and needs are acknowledged and planned for accordingly, with respect to their social development and family context.

- Care recipients are not grouped or labeled based on their disability and/or presenting diagnosis. In some instance it may be appropriate to group individuals who need intensive supervision due to medical needs or diagnoses (e.g., individuals with dementia).
- Respite programs ensure that the care provider has appropriate skills and sufficient information about the care recipient to effectively meet his or her needs.
- Family routines and preferences are respected and maintained whenever possible (e.g., the care recipient may adjust better to the care setting if specific mealtimes are maintained).
- Respite services support the care recipient's social development with respect to their cultural, family, and social history.

- Each care recipient's spiritual beliefs and practices are acknowledged and respected. Individual religious practices are encouraged at the request of the individual and/or family.

### **Appropriate Activities**

Care recipients are supported in ways that enhance their physical, cognitive, emotional, cultural, spiritual, and social well-being. Activities are planned to be safe, creative, engaging and developmentally appropriate.

- Care recipients are encouraged to express their pleasure, joy, fears, anxieties, frustrations, anger, and/or sadness, and without compromising the safety of the individual, others in care, or the care provider(s).
- Care recipients are encouraged to perform physical activities which they have an interest in, which they are capable of, or which they are learning, and which do not compromise their safety.
- Opportunities to engage in safe and developmentally appropriate social activities with others are provided and encouraged.
- Care recipients are provided with interesting, creative, and developmentally appropriate activities.
- Television viewing is minimized for all age groups. If television is viewed, programming is developmentally appropriate, and the care provider interacts with the care recipient and provides companion activities to enhance the experience.
- While in respite care, care recipients have a structured schedule if necessary, to help them feel secure (e.g., periodic free play sessions with options and choices for children are part of the daily schedule; predictable schedule for individuals with dementia).
- Respite programs ensure that individuals cared for in mixed age groupings do not become bored with activities above or below their developmental level. Everyone needs to experience competencies and challenges that enhance self-esteem.

### **Flexibility of Care**

Respite services are planned and developed so that a variety of family and care recipient needs can be met. A flexible continuum of care is available to meet the changing needs of families. There are times when families want care provided in their home and other times when they prefer out-of-home care. Sometimes they want care scheduled on a weekly basis and other times need care for a weekend or a more extended period.

- Respite service options are flexible and responsive to the changing needs of families.
- Respite service options include care that is available during the day, in the evening, for overnight care, and for longer periods, if necessary.
- Respite services are available in generic community settings where family caregivers receive other services, whenever possible.
- Respite service options include the availability of care on a planned or immediate basis, to be responsive to family caregiver needs.
- Respite programs ensure that family caregivers and care recipients have a choice of provider and if needed can request a change in provider.

- If requested and appropriate, family caregivers seeking respite for a child with special needs are able to receive respite services for all of their children. If respite is offered outside the family's home, siblings remain together or have access to one another.
- When receiving respite care in out-of-home settings, care recipients are provided the opportunity to bring specific personal possessions in addition to clothes and hygiene items (e.g., stuffed animal, pillow, music, photographs).
- When respite is provided in response to a crisis, the respite provider is connected to pertinent services in order to support the family and the care recipient through the crisis and follow-up resolution.

### **Family Caregiver Directed Respite (Participant-directed Respite)**

Family caregivers can independently recruit, hire, and train respite care providers using personal funds, vouchers, or stipends. Providers may include informal caregivers such as family or friends as well as paid providers. Family caregivers can do this with or without the assistance of a respite program.

Family caregiver directed respite can include informal options where other family members, friends, or neighbors provide care, or more formal arrangements where the family caregiver directly hires an individual to provide respite in their home or an agreed upon community setting.

- When hiring respite providers, family caregivers may need support and information related to interviewing and selecting a provider for their family member.
- When appropriate, respite programs can provide family caregivers with pertinent resources for interviewing and selecting a provider (e.g., Dellinger-Wray & Uhl, 1996 and ARCH's The ABCs of Respite: A Consumer's Guide for Family Caregivers, both provide useful checklists).
- When family caregivers independently hire respite providers, they need to carefully plan for training focused on the individualized needs of the care recipient.
- When family caregivers directly hire their own care provider, they act as an employer and provide payment for services. Agencies involved in providing funds and/or training respite providers should make families aware of pertinent Internal Revenue Requirements (IRS) and other relevant federal or state labor laws or standards (see subsequent section on Legal Considerations).

## **ADMINISTRATION**

### **Overview**

Program administration encompasses ways in which programs are governed and implemented. It takes into account advisory boards, program policies and procedures, risk management, legal considerations, and licensing requirements. Also, the program's involvement with the local community has implications for how the program is connected

to the greater community for referrals, resource sharing, partners and potential donors. Respite programs have a responsibility to evaluate their services, effectiveness, and performance.

### **Program Administration**

Respite programs are equipped with advisory or governing boards to assist in the preparation of policies and procedures and to create a plan for risk management.

### **Advisory Committee/Board**

Nonprofit agencies develop pertinent advisory committees or governing boards.

An advisory committee or board is established to provide oversight for respite programs. Representation includes family caregivers, community members, and professionals involved in human services.

- Depending on program needs, it may be helpful to include an attorney, accountant, health care professional, care provider, psychologist, marketing professional, or other relevant community members.
- If an advisory committee or board is already in place, a representative or subcommittee is assigned to address relevant respite program issues.

### **Policies and Procedures**

Each respite program develops policies and procedures which address the specific needs of their program.

- Respite programs have a mission statement which is reviewed and updated as needed.
- Specific respite program goals, objectives and action plans are established.
- Policies and procedures are developed on the following topics, when appropriate for the respite program model
- Program mission statement
- Types of services available
- Standards of care for those receiving services
- General emergency procedures (e.g., medical, home or facility)
- Family caregiver and care recipient rights and responsibilities
- Family caregiver and care recipient confidentiality policy
- Program entry and departure procedures
- Record keeping requirements
- Medication administration and other health related tasks
- Procedures for transporting individuals in care
- Staff behavior and professionalism
- Staff communication
- Staffing ratios
- Staff job descriptions
- Other program specific topics

### **Risk Management**

Risk management is a planned process for reducing an organization's potential liability and loss of assets (Horowitz and Sprague, 1994). Respite programs have a risk management plan to identify, control or reduce risks, and to address quality of care and liability issues.

- Respite programs have policies and procedures which describe all program services, staff responsibilities, and operating procedures as outlined in the previous section.
- Respite programs have a risk management plan that addresses the following steps:
- Identifying risks for providing services through the program
- Analyzing and evaluating risks
- Controlling or reducing risks
- Protecting the agency, employees, and the consumers of services
- Addressing any risk management failures to avoid future problems
- Respite programs consult with an attorney to review all policies and procedures, as well as the risk management plan.

### **Legal Considerations**

Because there are so many models of respite programs, it is the program's responsibility to determine where it fits under state licensing regulations. Respite programs serve individuals across the lifespan in a variety of settings from childcare facilities to nursing homes. Therefore, programs must ascertain and work with state licensing and/or certification agencies, to locate the entity that most fits their program and to maintain contact and follow those regulations. Programs also comply with IRS regulations.

### **State Licensing Requirements**

Respite includes a broad array of service options, some of which are licensed and/or regulated. Many respite programs are currently licensed and/or regulated through other program categories, such as childcare, child or adult family homes, nursing homes, residential care, emergency shelter care, home health care or foster care. Respite programs have a responsibility to be aware of and to comply with the specific state licensing requirements that may govern their activities.

To determine if any program services require licensing, respite programs are in contact with their pertinent state and local licensing agencies. Home and center-based respite programs determine whether local or state law requires the health department and fire department to inspect the premises on a regular basis. The care recipient's family is made aware of whether or not the service provided falls under state licensing requirements.

### **IRS Requirements**

Respite agencies providing services through interagency, voucher or stipend (e.g., cash assistance) models address Internal Revenue Service (IRS) requirements as appropriate. Many respite services are provided through interagency efforts. In some instances, a particular agency employs the care provider. Other times the care provider

may be an independent contractor (i.e., self-employed) or the family may choose and employ the provider.

Respite programs that contract with providers to care for individuals in their homes or the family's home, must inform them that as independent contractors they must comply with IRS code requirements for the self-employed. All federal, state, and local taxes must be paid by the independent contractor.

When the family chooses and employs the respite provider, collaborating agencies or programs share the requirements of IRS Publication 926 – Employment Taxes for Household Employers. Families and respite providers comply with state and federal labor laws and standards.

### **Community Involvement**

Family caregivers provide care for family members across the lifespan. Family caregiver needs are dynamic and change over time, and are variable depending on the specific needs of their family member. It is important for communities and respite providers to assess and identify existing respite service options. Communities can then enhance the continuum of respite services and develop and provide new respite options to better address the breadth of family caregiver needs. Community planning and collaboration ensures that respite services are effectively developed within the context of the family's community and its unique characteristics. If available, planning can also be done in collaboration with the State Lifespan Respite Program funded through the U.S. Administration on Aging.

### **Surveying Community Resources and Family Caregiver Needs**

Programs conduct a survey of community resources and needs when planning and providing respite services. This process serves to gather information, educate the community about respite service options, and foster collaborative relationships.

- Respite programs periodically conduct a comprehensive survey of community resources through phone calls, email, mailings, and meetings to determine what services are currently available within the community and what gaps and needs exist.
- A broad array of community organizations are included in survey outreach activities such as: state and local respite and/or caregiver coalitions, human service agencies, parent groups, disability organizations, schools, health agencies, child and adult day care centers, family day care providers, adult family homes, assisted living facilities, nursing homes, recreation programs, summer camps, group homes, residential programs, local government, colleges and universities, hospitals, clinics, shelters, substance abuse treatment programs, crisis intervention agencies, businesses, and religious, cultural and community service organizations.

### **Planning for an Array of Community Respite Options**

Once it is clear what community respite services are available and what gaps exist, then respite programs plan their service development to meet specific needs.

- Community service coordination and collaboration is built into respite program development and service delivery plans. Communities plan an array of respite service options to meet the changing and diverse needs of family caregivers.
- Information is maintained on all agencies providing respite services.
- Information is maintained on all funding and payment sources for respite care options.
- Information is solicited and maintained on all agencies providing additional services to families caring for someone with special needs and/or families in crisis.
- Each respite program provides other community agencies with relevant information about their program, such as the population served, program description, and referral procedures.

### **Community Collaboration**

When planning and providing services, respite programs collaborate with other agencies and human service organizations to enhance service provision and program evaluation. Service options are developed that meet the needs of family caregivers who are unserved or underserved and which interface effectively with existing service systems, programs, and natural supports.

Respite programs engage in interagency collaboration to enhance the array of respite services, thus providing family caregivers with appropriate choices and options.

Respite programs consider collaboration on training, funding, sharing technical expertise and support, and the development of multiple community service options.

Respite programs develop plans that include marketing and fundraising goals. The ability of an organization to continually adjust its services to meet consumer needs is key to its survival. Marketing and fundraising activities reflect the respite program's mission, goals, objectives, and action plans.

Respite programs have a developed promotional campaign for their marketing efforts. Promotional campaigns educate the community on the benefits of respite care. (For further information, (see Blater, 2011 <http://www.archrespice.org/ta-center-for-respite/webinars-and-teleconferences#marketing>)

Program evaluation and consumer satisfaction are important in measuring successful service delivery, to identify unmet respite needs, and to identify areas of needed improvement. Evaluation data serve as a critical tool to maintain and improve quality respite services. (For further information see Firman & Kirk, 2002 and Cook, 2010)

Program evaluation serves as a useful tool to monitor the success of the program in relation to its mission and goals and can be used to provide “objective” detailed documentation of accomplishments which is useful for attracting consumers, furthering collaboration, and obtaining funding. Evaluation starts when respite services begin and continues throughout the duration of the program, as it is useful in improving services and service delivery. Evaluation information is also critical to the funding source and is carefully planned to answer key questions. Ultimately, respite programs strive to include strategies to constructively assess caregiver, care recipient, and family outcomes of the services and share “best practices” with other respite providers, audiences, and stakeholders.

Respite programs systematically conduct evaluations of their service delivery. Respite programs incorporate evidence-based or evidence-informed evaluation measures, as appropriate. When needed to enhance respite service evaluation, respite programs form partnerships with state and community agencies (e.g., institutions of higher education, state agencies) to collaborate on needs assessments and program evaluation. Minimally, the following data are collected and evaluated on a regular basis: Consumer satisfaction with services and consumer benefits (e.g., using a pre- and post-survey) Units of service (i.e., numbers of care recipients and families served; hours/days of care) Service location (e.g., home, community, hospital, group home) Ethnicity, family composition and primary language of families, Requests for service, Unmet service needs and waiting lists, Costs of services.

Ideally, respite programs evaluate the following: Reasons family caregivers are seeking services, Impact of services on family caregiver stress and quality of life, Impact on caregiver interpersonal relationships. Caregiver work-related secondary benefits, Family caregiver requests for service changes, expansion, and new service development, Family caregiver involvement in services, Staff satisfaction, Program cost-effectiveness, Achievement of program goals and benefits, Impact of the services on the community. Special activities (e.g., public awareness, fundraising), provider and volunteer training are assessed in terms of skill levels as well as satisfaction with the training.



## **Appendix H**

### **Putting a Personal Rule of Life into Practice**

## Putting a Personal Rule of Life into Practice

According to Ken Shigematsu, every thoughtful person has a pattern of practices or habits, a rhythm he or she lives by – even if they have never put their “rule” into words. Take a moment to think about the “rule” you live by. Perhaps you walk your dog each morning, go to church on Sundays, or have pizza with your extended family on Thursday evenings. These patterns are part of your rule. They reflect something you consciously or unconsciously value: Caring for your dog, worshiping in community, spending time with your friends or family. A rule of life can be a gift for ordinary people in their everyday lives: Working mothers, stay-at-home dads, dentists, plumbers, accountants, realtors, students, artists. In fact, the more immersed we are in the world with all the pressures that pull us away from God, the more helpful a rule of life will be.<sup>1</sup> What does a personal rule of life look like? St. John of the Cross, out of respect for a venerable tradition, published the *Dark Night* as a separate treatise, though in reality it is a continuation of the *Ascent of Mount Carmel* and fulfils the understanding given in it:

The first night or purgation is of the sensual part of the soul. Which is treated in the present stanza and will be treated in the first part of this book. And the second is of the spiritual part, of this speaks the second stanza, which follows; and of this we shall treat likewise, in the second and the third part, with respect to the activity of the soul; *and in the fourth part, with respect to its passivity.*

This “fourth part” is the *Dark Night*. Of it the Saint writes in a passage which follows that just quoted.

And the second night; or the night of purification pertains to those who are already proficient occurring at the time when God desires to bring them to the

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1. Ken Shigematsu, *God in My Everything: How an Ancient Rhythm Helps Busy People Enjoy God* (Grand Rapids: Zondervan Publishers, 2013), 32-33.

state of union with God. And this latter night is a more obscure and dark and terrible purgation as we shall say afterwards.<sup>2</sup>

In his three earlier books, St. John wrote of the Active Night of Sense and of Spirit. In this book, St. John now proposes to deal with the Passive Night in the same order. He has already taught us how we are to deny and purify ourselves with the ordinary help of grace, in order to prepare our senses and faculties for union with God through love. St. John now proceeds to explain, with an arresting freshness, how these same senses and faculties are purged and purified by God with a view to the same end – that of union. The combined description of the two nights completes the presentation of active and passive purgation to which the Saint limits himself in these treatises, although the subject of stanzas which he is glossing is a much wider one, comprising the whole of the mystical life and ending only with the Divine embraces of the soul transformed in God through love.<sup>3</sup>

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2 . St. John of the Cross, *Dark Night of the Soul* (Mineola, NY: Dover Publications, Inc., 2003), ix.

3. Ibid., x.

## **Appendix I**

### **Training and Instructional Participants' Assessment**

**Training and Instructional Participants' Assessment**  
**Instructions: Circle your response to the questions.**

**Knowledge**

(The ability to list, recite and remember information that was given you.)

**1. What defines Respite Care.**

- a. Preserves caregiver – care, possible abuse, and relationships.
- b. Is a vital part of the continuum of services for families.
- c. Reduces family stress and thereby helps preserve the family unit.
- d. Prevents or delays lengthy and costly out-of-home placements.
- e. All the above.

**Understanding/Comprehension**

(The ability to explore, or paraphrase information given you.)

**2. Summarize the first thing you should do before administering medication to your patient.**

- a. Read the label.
- b. Check on dosage and time med should administer.
- c. Both a and b.
- d. All the above.
- e. (b) only.

**Application**

(The ability to calculate, solve, determine, apply)

**3. Use the information you have learned about the caregiver and the patient solve the following questions?**

- a. Family caregivers include individuals providing care for children or adults with disabilities, and those caring for the aging.
- b. The patient is the individual who the Volunteer Respite Care to
- c. Caregiver(s) are administering care to the patient.
- d. Both (a) and (b)
- e. Neither.

**Analysis**

(The ability to compare, contrast, classify, categorize, derive, model)

**4. How would you generalize the steps to transfer a patient from the bed to the wheelchair?**

- a. First ensure that the Hoyer Lift is fully charged.
- b. Adjust the patient's body in the bed.
- c. Retrieve the protective transfer chuck first to place beneath the patient.
- d. All the above.
- e. (b)

### **Synthesis**

**(The ability to create, construct, design, improve, produce, propose.)**

- 5. Using the data learned about the proper administration of medicine, construct the safety steps to minimize a danger to the patient?**
- a. Know the proper dosage and quantity of med(s) per the doctor's orders.
  - b. Understand the schedule time and hours that should lapse between the administration of the medication.
  - c. Recognize the name of the medication(s).
  - d. Both a and c only.
  - e. A - C.

### **Evaluation**

**(The ability to judge, critique, justify, assess, recommend)**

- 6. Decide on a meal plan for the next week that includes all the required servings according to the Doctor's orders to meet the patient's needs?**
- a. Always use your best judgment when preparing and following the meal plans.
  - b. Follow the doctor's orders to the letter of the law.
  - c. Both a and b
  - d. Circle the letter (a)

### **Knowledge**

**(The ability to list, recite and remember information that was given you.)**

- 7. Select the first three medicines the patient should receive at 30 minutes intervals first thing in the morning before breakfast or any food?**
- a). Follow the Doctor's orders only.
  - b). Follow the Caregiver's instructions and not the Doctor.
  - c). Both (a) and (b).
  - d). None of the above.
  - e). Use your judgment.

### **Understanding**

**(The ability to explore, or paraphrase information given you.)**

- 8. Identify the correct method for disposing of recyclable trash?**
- a). Place recyclable trash only in the designated bin.

- b). Place recyclable trash in the designated bin(s) or area(s).
- c). Anywhere
- d). Both (a) and (b)
- e). None of the above.

**Application**

**(The ability to calculate, solve, determine, apply)**

**9. How and when would you change the patient's brief?**

- a). Change brief.
- b). First wash your hands.
- c). Put on personal protective equipment.
- d). All the above.
- e). Both (b) and (c).

**Analysis**

**(The ability to compare, contrast, classify, categorize, derive, model)**

**10. If the patient needs Tresiba medication what should you become familiar with to ensure the patient's safety.**

- a). Use your best judgment.
- b). Follow the doctor's orders.
- c). Check with the caregiver.
- d). Check the dosage; or, amount of unit(s) per administration.
- e). Follow steps (b, c, and d).

**Appendix J**  
**Certificate of Completion**



# The Church Without Walls

Ralph Douglas West, Pastor/Founder

## Certificate of Completion

In recognition of training completed,

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is hereby presented this certificate of completion of *Volunteer Respite to Caregivers Training*, which equips volunteers to offer effective care and hope through Jesus Christ to those in need of care.

“Do your best to present yourself to God as one approved, a workman who does not need to be ashamed and who correctly handles the word of truth.” (2 Timothy 2:15 NIV)

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Rev. James Harris,  
Director Pastoral Care Ministry

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Rev. Ricardo G. Archibald  
Program Director  
Volunteer to Respite Care to  
Caregivers Program

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Ralph Douglas West, Pastor/Founder

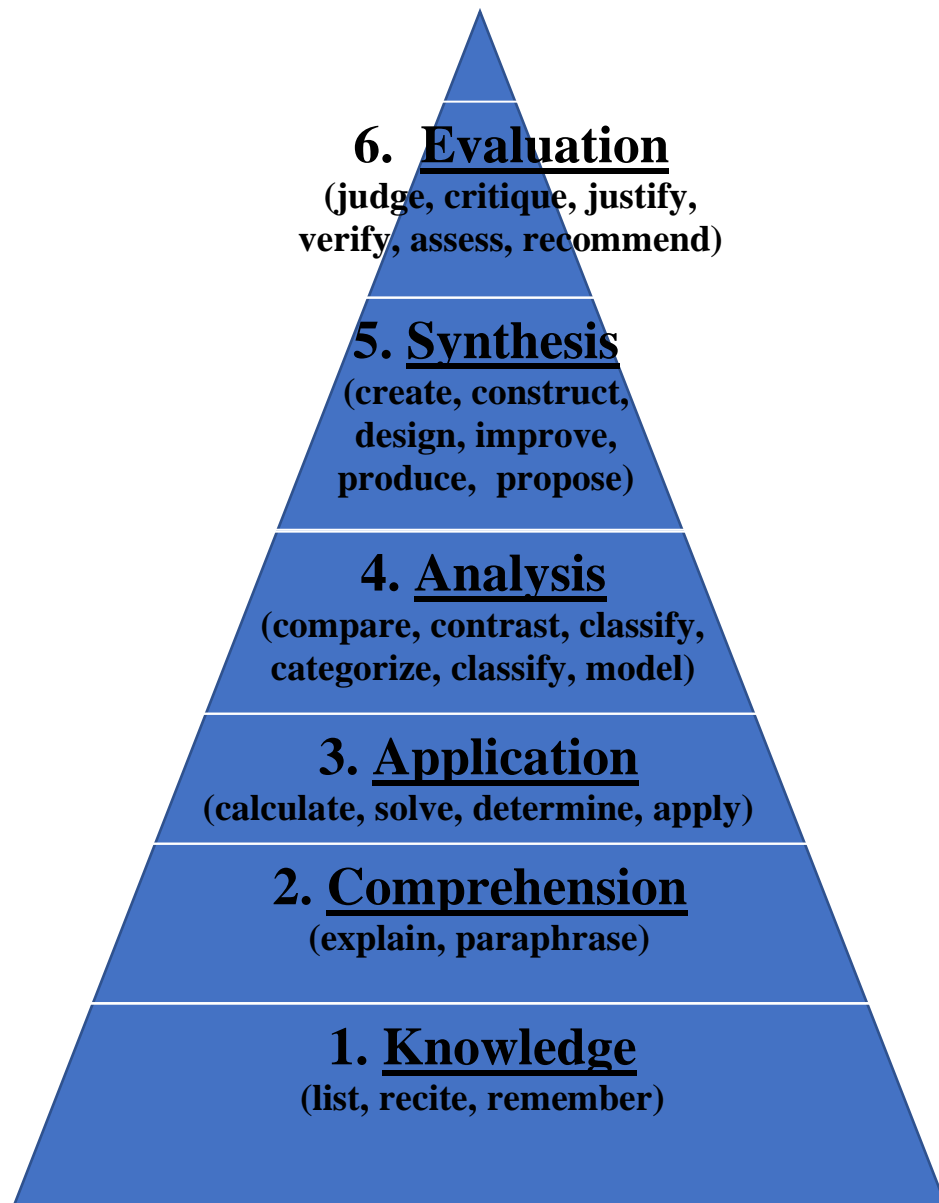
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Date

## **Appendix K**

### **Bloom's Taxonomies of Learning**

## A Description of Bloom's Six Taxonomies of Learning



## **Appendix L**

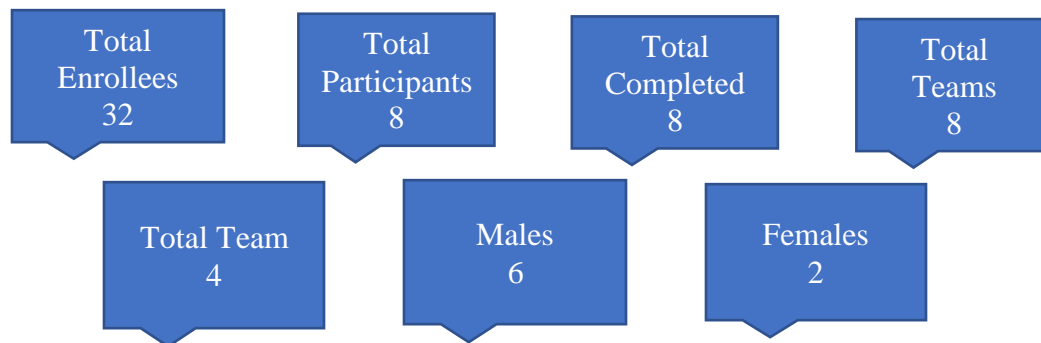
### **Final Volunteer Respite Care to Caregivers Participants by Teams**

## TCWW Volunteer Respite Care to Caregivers Program

### Final Volunteer Respite Care to caregivers Participants by Teams

Participants	Sex	Team	Certification
1	M	1	Y
2	M	3	Y
3	F	2	Y
4	M	1	Y
5	F	2	Y
6	M	3	Y
7	M	4	Y
8	M	4	Y

### Respite Care Training Completed



**Appendix M**  
**Participant Attendance by Session**

**TCWW Volunteer Respite Care to Caregivers Training Program**  
**Participants Attendance by Sessions 1-10**  
**Rev. Ricardo G. Archibald (Instructor)**

<b>Participants</b>	<b>S1</b>	<b>S2</b>	<b>S3</b>	<b>S4</b>	<b>S5</b>	<b>S6</b>	<b>S7</b>	<b>S8</b>	<b>S9</b>	<b>S10</b>	<b>Total</b>
<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>		<b>1</b>		<b>1</b>	<b>1</b>		<b>7</b>
<b>2</b>	<b>1</b>		<b>1</b>		<b>1</b>			<b>1</b>		<b>1</b>	<b>5</b>
<b>3</b>	<b>1</b>		<b>1</b>		<b>1</b>		<b>1</b>		<b>1</b>		<b>5</b>
<b>4</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>10</b>
<b>5</b>		<b>1</b>	<b>1</b>	<b>1</b>		<b>1</b>		<b>1</b>		<b>1</b>	<b>6</b>
<b>6</b>	<b>1</b>	<b>1</b>			<b>1</b>		<b>1</b>				<b>4</b>
<b>7</b>			<b>1</b>		<b>1</b>			<b>1</b>			<b>3</b>
<b>8</b>	<b>1</b>		<b>1</b>		<b>1</b>		<b>1</b>		<b>1</b>		<b>5</b>
<b>9</b>		<b>1</b>	<b>1</b>			<b>1</b>		<b>1</b>			<b>4</b>
<b>10</b>		<b>1</b>	<b>1</b>				<b>1</b>				<b>3</b>
<b>11</b>		<b>1</b>		<b>1</b>				<b>1</b>			<b>3</b>
<b>12</b>	<b>1</b>	<b>1</b>			<b>1</b>		<b>1</b>			<b>1</b>	<b>5</b>
<b>13</b>				<b>1</b>	<b>1</b>				<b>1</b>		<b>3</b>
<b>14</b>			<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>8</b>
<b>15</b>			<b>1</b>	<b>1</b>	<b>1</b>						<b>3</b>
<b>16</b>	<b>1</b>	<b>1</b>		<b>1</b>		<b>1</b>					<b>4</b>
<b>17</b>	<b>1</b>		<b>1</b>		<b>1</b>	<b>1</b>			<b>1</b>	<b>1</b>	<b>6</b>
<b>Totals</b>	<b>9</b>	<b>9</b>	<b>12</b>	<b>8</b>	<b>11</b>	<b>7</b>	<b>7</b>	<b>8</b>	<b>7</b>	<b>6</b>	<b>84</b>

**TCWW Volunteer Respite Care to Caregivers Training Program**  
**Participants Attendance by Sessions 1-10**  
**Rev. Ricardo G. Archibald (Instructor)**  
**Page 2**

<b>Participants</b>	<b>S1</b>	<b>S2</b>	<b>S3</b>	<b>S4</b>	<b>S5</b>	<b>S6</b>	<b>S7</b>	<b>S8</b>	<b>S9</b>	<b>S10</b>	<b>Total</b>
<b>18</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>		<b>1</b>		<b>1</b>	<b>1</b>	<b>8</b>
<b>19</b>			<b>1</b>	<b>1</b>	<b>1</b>			<b>1</b>		<b>1</b>	<b>5</b>
<b>20</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>1</b>		<b>1</b>	<b>7</b>
<b>21</b>	<b>1</b>	<b>1</b>		<b>1</b>		<b>1</b>		<b>1</b>	<b>1</b>		<b>6</b>
<b>22</b>	<b>1</b>	<b>1</b>		<b>1</b>			<b>1</b>		<b>1</b>	<b>1</b>	<b>6</b>
<b>23</b>	<b>1</b>	<b>1</b>	<b>1</b>		<b>1</b>	<b>1</b>				<b>1</b>	<b>6</b>
<b>24</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>					<b>1</b>		<b>5</b>
<b>25</b>	<b>1</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>1</b>				<b>5</b>
<b>26</b>		<b>1</b>	<b>1</b>		<b>1</b>	<b>1</b>	<b>1</b>		<b>1</b>		<b>6</b>
<b>27</b>	<b>1</b>		<b>1</b>	<b>1</b>	<b>1</b>		<b>1</b>	<b>1</b>	<b>1</b>		<b>7</b>
<b>28</b>	<b>1</b>		<b>1</b>	<b>1</b>	<b>1</b>			<b>1</b>	<b>1</b>		<b>6</b>
<b>29</b>		<b>1</b>		<b>1</b>	<b>1</b>		<b>1</b>	<b>1</b>	<b>1</b>		<b>6</b>
<b>30</b>	<b>1</b>		<b>1</b>	<b>1</b>	<b>1</b>		<b>1</b>	<b>1</b>	<b>1</b>		<b>7</b>
<b>31</b>		<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>		<b>1</b>	<b>1</b>	<b>1</b>		<b>7</b>
<b>32</b>	<b>1</b>		<b>1</b>		<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>		<b>1</b>	<b>7</b>
<b>Totals</b>	<b>12</b>	<b>10</b>	<b>11</b>	<b>11</b>	<b>10</b>	<b>5</b>	<b>10</b>	<b>9</b>	<b>10</b>	<b>6</b>	<b>94</b>



**Appendix N**  
**Instructor Evaluation**

**The Church Without Walls**  
**Volunteer Respite Care to Caregivers Training Program**  
**Participants Evaluation of Instructor**

<b>1</b>	<b>Instructor is always prompt and prepared</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>2</b>	<b>Instructor knows the content</b>					<b>9</b>
<b>3</b>	<b>Instructor is organized and neat</b>				<b>1</b>	<b>8</b>
<b>4</b>	<b>Instructor plans and discusses assignments clearly</b>					<b>9</b>
<b>5</b>	<b>Instructor is flexible in accommodating students</b>					<b>9</b>
<b>6</b>	<b>Instructor is clear</b>				<b>1</b>	<b>8</b>
<b>7</b>	<b>Instructor allows you to be active in classroom</b>					<b>9</b>
<b>8</b>	<b>Instructor manages time well</b>					<b>9</b>
<b>9</b>	<b>Instructor is clear on giving instructions</b>					<b>9</b>
<b>10</b>	<b>Instructor has clear classroom procedures</b>					<b>9</b>
<b>11</b>	<b>Instructor gives good feedback for learning</b>					<b>9</b>
<b>12</b>	<b>Instructor is creative in developing activities</b>					<b>9</b>
<b>13</b>	<b>Instructor encourages students' participation</b>					<b>9</b>
<b>14</b>	<b>I have learned a lot about Respite Care</b>					<b>9</b>
<b>15</b>	<b>Instructor is creative in developing activities</b>					<b>9</b>
<b>16</b>	<b>Instructor grades fairly</b>					<b>9</b>
<b>IMPLICIT CURRICULUM</b>						
<b>17</b>	<b>Instructor follows through on what he says</b>					<b>9</b>
<b>18</b>	<b>Instructor listens and understands participants'</b>					<b>9</b>

**Appendix O**  
**Project Proposal**

**Design and Implementation of a Volunteer Respite Caregivers  
Training Program for Pastoral Care at  
The Church Without Walls in  
Houston, Texas**

**Proposal**

The main idea of the Project is to develop a Volunteer Respite Care to Caregivers Training Program at The Church Without Walls (TCWW) comprising six to ten volunteers from among the Pastors, Ministers (Kerygma), Deacon Family Life Ministries, and lay volunteers of the congregation, who will serve as Respite Caregivers to caregivers for family members of The Church Without Walls. These Volunteer Respite Caregivers will effectively serve the TCWW congregation and the coterminous communities within a one- to two-mile radius in the standard metropolitan statistical areas to include the TCWW three campuses: Bingle, Queenston, and Eldridge.

The presenting problem was to determine whether there is a need for a pastoral care program (Respite Care to Caregivers Training Program) at The Church Without Walls in order to create an environment in which small groups from the Pastors, Ministers/Kerygma, Deacon Family Life Ministry, and lay members from the congregation as a whole, will understand what it means to be a disciple and a servant of Jesus Christ through ministering to caregivers and their families.

The Pastor, Dr. Ralph Douglas West, along with the Project Director of the TCWW Volunteer Respite Caregivers, will (a) invite the members of the congregation who are presently serving as caregivers for their respective family members to a meeting to share information about the TCWW Volunteer Respite Caregivers Training Program

and (b) brainstorm ideas regarding how best the TCWW Volunteer Respite Caregivers Training Program may best meet the caregivers family needs. Pastor West, along with the Project Director of the TCWW Volunteer Respite Caregivers, will conduct a meeting with the Pastors, Ministers (Kerygma, Deacon Family Life Ministry), and lay members from the congregation who have expressed an interest in the TCWW Volunteer Respite Caregivers Training Program. Members, who have successfully completed the TCWW Volunteer Respite Caregivers Training Program, will develop the necessary skills to become action-oriented and effective respite caregivers, serving caregivers and their families, who are in need of the caregivers care to the glory of God.

### **Ministry Setting**

The Church Without Walls (TCWW) is called and sent to three particular communities within the Houston, Texas, standard metropolitan statistical areas by God to serve as a sign and foretaste of God's reign and rule in the world: 1) North – 5314 Bingle Road, Houston, TX 77092, 2) Northwest – 5725 Queenston Blvd, Houston, TX 77084, and 3) Southwest – 7500 Eldridge Pkwy., Houston, TX 77083. The coterminous ethnic population of TCWW is comprised of Caucasian, Black, Hispanic, Asian, Hindu, and Muslim. The socio-economic status of the households within the three communities range from lower-lower to lower upper class. The workforce ranges from the manual labor to executive.

A considerable number of TCWW's congregation commute approximately 5-30 miles to church for mid-week, Sunday worship, and small group Family Bible Studies, spiritual companioning, or spiritual formation Bible studies. The mid-week worship and Bible study participants could be labeled the bonded group. They are not only members

of TCWW, they may be called disciples, servants; or, practitioners of the ways of Jesus Christ.

### **Project Outcomes and Measurable Assessment**

The Project is designed with two major outcomes. Outcome #1 is in regards to Small Group Environment. To meet this outcome, six to ten leaders will be identified, who will be trained and appropriately equipped to develop Volunteer Respite Caregivers with the much needed skills to become respectful, compassionate, attentive, focused caregivers with a passion to serve as a sustaining presence for the respite caregiver and the sick or shut-in family member(s). The outcome will be measured by the number of Volunteer Respite Caregivers who have been trained, the number of Volunteer Respite Caregivers groups formed, the types of skills developed for implementation, and the impact of the ministry focus.

Outcome #2 relates to impact on the congregation. The first step will be to engage 20% of TCWW congregation into small groups of Volunteer Respite Caregivers. Enrollment, attendance, and completion records will be used to assess and evaluate the extent to which the congregation attended the training and was actively engaged with the project. The next step is to design, implement, and evaluate pre- and post-project surveys to determine congregational participation, as well as how the congregation, various ministries, and age groups were impacted by the implementation of the program.

### **Relevant History of the Church Without Walls**

Thirty years ago, there was no burning bush, no pillar of fire, and no star shining in the east. There was only one man with a pull on his heart, unction, and an anointing on

his life. A solitary figure checked into the Brookhollow Marriot Hotel in Houston, Texas, with a heavy heart and unanswered questions. He was not seeking the comfort of a bed to rest; but he was seeking the will of God. The troubled young man lay prostrate on the floor before his Creator seeking His direction. He got up with a vision from God: “Go. Plant.”

In November 1987, thirty-two individuals were invited to investigate the probability, consider the practicality, and, ultimately, stretch their faith toward God and His chosen vessel. The meeting was held in the home of Ralph and Sheretta West. Individual hearts were united in faith that night and discerned to follow the vision given to Pastor West. Dr. Ralph Douglas West, Sr. became founder and organizing pastor of Brookhollow Baptist Church. The first worship service was held at 7:00 on November 8, 1987, at the Brookhollow Marriott Hotel. The title of Pastor West’s first sermon was “The Cost of Discipleship” from Lk 14:25-33. Sixty-five adults and fifty children were in attendance. Worship services were held at the Marriott for a year with approximately 250 in attendance at each worship service during that first year.

In November 1988, the Church purchased and moved into the former home of the Houston Business Journal at 5314 Bingle Road. Rapid growth required addition of a second service in March 1989 and expansion to a third service in 1992. Attendance averaged 1,500 people per Sunday.

The Church then embarked on its first capital stewardship campaign in March 1994. The campaign was aptly titled “Together We Build.” Forty acres of land was acquired at 5725 Queenston Boulevard—the site of the Northwest campus. On May 18, 1997, the doors of The Church Without Walls were opened. The new name was birthed

from a sermon series delivered by Pastor West. It represents a church that is not restricted by geographical location or sociological background, but limitless in God's possibilities. It also represents a church where anyone is welcome.

Presently, TCWW, one church in three locations, encompasses approximately 150,000 square feet of space, 40 acres of land and embraces 20,000 members, 16,443 families. In addition to reaching national audiences through weekly television broadcast and internet streaming, actively supporting work on multiple mission fields both at home and abroad. The Church Without Walls averages 9,000 in weekly attendance.<sup>1</sup>

The vision for establishing the Respite Care to Caregivers Program emerged in answer to the question, "What is the church looking for?" In response, the Church Without Walls Respite Care to Caregivers Training Program will attempt to do two things:

3. Motivate: Persuade, spur, and impel the hearts of God's people, leadership, and members, to reach out to caregivers or their family members who are sick and shut-in and in need of respite from the toil of caregiving to their loved ones.
4. Collaborate: All participants of the Respite Care to Caregivers must work together to create a climate that will foster people who will promote a respectful interaction that results in the cooperative exchange among all team members in the Respite Care to Caregivers Training Program at the Church Without Walls.

### **Relevant Personal History of Ministry**

This student and his family accepted the invitation and joined TCWW on Sunday, August 19, 1990. In early September 1990, they signed up for the Firm Foundation, New Members Orientation classes, a thirteen-week Bible study for new members. Upon

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1. <https://www.churchwithoutwalls.org/history/>. (accessed March 18, 2018).



completion, he and his wife decided to use their gifts of teaching and signed up to become joint facilitators of the Firm Foundation classes.

On January 29, 1992, a call to ministry was accepted, and the student later became the first chairman of the Deacon Family Life Ministry. During summer 1996, he received a full scholarship from the Baptist General Convention of Texas to enroll in Southwestern Theological Seminary, Houston Baptist University Campus in Houston, Texas. He is presently enrolled at Houston Graduate School of Theology, Houston, Texas in pursuit of a Doctor of Ministry degree, specializing in Pastoral Care.

Certifications and licensures include ministry and service in the following areas: Marriage and Family Therapist; Licensed Anger Therapist; Commissioned Missionary; Licensed, Ordained, and Board Certified Biblical Therapist; Certified Sex Addiction Counselor; Certified Family Dispute Resolution Mediator; Child Protective Services Mediator and Certified Child Care Services Provider, Licensed U.S. History teacher; Licensed School District Administrator; and Licensed International Baccalaureate Schools Administrator.

Present leadership gifts and abilities include teaching, administration, preaching, and benevolence. Admiration of and interest in the early saints and martyrs such as: Ignatius of Loyola, Martin Luther, Teresa of Ávila, Julian of Norwich, Francis of Assisi, Bernard of Clairvaux, Gregory of Nyssa, John Henry Newman, and Augustine of Hippo, grew in his interest Christian Spirituality and Pastoral Care.

The awareness of these early Christian saints birthed attentiveness to the spiritual practices of the early church, which could rekindle the embers of the congregation at TWCC. This practical spiritual knowledge coupled with actual experience has been

useful in illuminating the understanding that could result a significant influence on the spiritual journeys of the participants in this project and the church, by making them more cognizant of a need to serve those who are experiencing the suffering around them.

### **Topics for Project Research and Preliminary Project Resources**

The main topics for research are fourfold from four preliminary resources with these titles: *The Sustaining Presence of Caregivers*,<sup>2</sup> *Discerning the Voice of God*,<sup>3</sup> *The Practice of Pastoral Care*,<sup>4</sup> and *Solution-Focused Pastoral Care Counseling*.<sup>5</sup> These resources will be defined below.

#### The Sustaining Presence of Caregivers

According to Shelp and Sunderland, this book, *Sustaining Presence: A Model of Caring by People of Faith*, was written in response to their growing conviction that substantial gaps existed in the congregational pastoral care of individuals and families with special needs—needs that are so intensive and so extensive that they overwhelm customary one-on-one ministry.<sup>6</sup>

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2. Earl E. Shelp and Ronald H. Sunderland, *Sustaining Presence: A Model of Caring by People of Faith* (Nashville: Abingdon Press, 2000).

3. Priscilla Shirer, *Discerning the Voice of God: How to Recognize When God Speaks* (Nashville: LifeWay Press, 2006).

4. Carrie Doehring, *The Practice of Pastoral Care: A Postmodern Approach* (Louisville: Westminster John Knox Press, 2015).

5. Charles Allen Kollar, *Solution-Focused Pastoral Counseling: An Effective Short-Term Approach for Getting People Back on Track* (Grand Rapids: Zondervan Press, 1997).

6. Shelp and Sunderland, *Sustaining Presence*, 9.

### Discerning the Voice of God

Shirer's book sheds light on the vision to pursue the development and implementation of the Respite Care to Caregivers Program with a passion for the presence of God along every step of the journey, with the Holy Spirit's guidance and power, to fulfill the Respite Care to Caregivers Program goals.

Priscilla Shirer concluded that there is no formula by which one can discern the voice of God with one hundred percent accuracy. As the people of God practice the spiritual disciplines, the people of God will come to know and understand that God graciously allows his people's errors to be the best teacher in hearing correctly in the future. "The voice of God is a divine mystery because it is a supernatural work the Holy Spirit does in us."<sup>7</sup>

### The Practice of Pastoral Care

Doehring's book, *The Practice of Pastoral Care: A Postmodern Approach*, presents relevant insights for putting words to the implementation to the Respite Care to Caregivers Training Program at The Church Without Walls. Respite Care to Caregivers is not solely an approach or process to listening to the unfolding stories of caregivers; rather, it is about giving meaning to the practice of Respite Care to Caregivers through pastoral care.

### Solution-Focused Pastoral Counseling

Charles Allen Kolar takes a more positive approach to pastoral counseling. From the onset, Kolar presents a natural and spontaneous view of Christian maturation and

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7. Shirer, *Discerning the Voice of God*, 5.

gives a specific procedure for encouraging that growth from within the counseling process.

### Preliminary Biblical Focus

For each topic noted, appropriate biblical, theological, historical, sociological, and ecclesial research will combine to comprise the Research Chapter of the Project Report. Biblical passages could include 2 Cor. 4:12 and 1 Thess. 2:13 (pastoral counseling), Deut. 5:24 and Eph. 2:10 (discernment), and Gal. 6:2 and Jn. 14:12 (sustaining presence). Selected passages will be solidified through research.

### Project Overview

The Project Director will collaborate with TCWW's Christian Education Ministry to identify and implement curricula that will enhance the skills of the Respite Care volunteers to better serve caregivers, their families, and the congregational life as a whole at the Church Without Walls; particularly, the Pastors, Ministers (Kerygma), Deacon Family Life Ministry, and other Lay Volunteers who are called to serve as volunteer respite caregivers.

In order to aid project effectiveness, Volunteers Respite Caregivers ministry members must complete a spiritual gifts inventory to discover, develop, disseminate their spiritual gifts, and duplicate themselves. All ministry volunteers must undergo a background check and a one-day certification class at TCWW. The Project will utilize the *Lectio Divina* approach in small group settings to read, reflect, and respond to Scripture that will introduce the various models of Respite Care to develop their skills in the areas of grief and recovery care. A final step will include conducting spiritual companioning small group sessions within the congregation using spiritual practices to enhance

theological awareness of God and how to listen to and appropriately respond to God's activity in everyday contexts.

### **Preliminary Project Resources**

- A. Shelp, Earl E. *Sustaining Presence: A Model of Caring by People of Faith*. Nashville: Abingdon Press, 2000.
- B. Shirer, Priscilla. *Discerning the Voice of God*. Nashville: Lifeway Press. 2006.
- C. Doehring, Carrie. *The Practice of Pastoral Care: A Postmodern Approach*. Louisville: Westminster John Knox Press. 2006.
- D. Kollar, Charles Allen. *Solution-Focused Pastoral Counseling: An Effective Short-Term Approach for Getting People Back on Track*. Grand Rapids: Zondervan Press. 1997.

### **Procedural Outline and Timeline**

- A. Present the Volunteer Respite Care Givers to the Leadership of the Church Without Walls (January 19, 2019).
- B. Present the Project Plan Proposal to the Education, Kerygma, and Deacon Family Life Ministries, and Lay Volunteers of the Church Without Walls. (January 19, 2019),
- C. Confirm applicants and develop small groups through the Pastoral Care Ministry Leadership to include Background Checks, and Spiritual Inventory. (January 26, 2019).
- D. Review the History of Grief Theory, Pastoral Care Grief Counseling strategies to the Volunteer Respite Caregivers and Pastoral Care philosophy and counseling approaches. (January 26, 2019).
- F. Develop a teaching instructional plan to include Meaning-Making after Loss and Grief in relational Perspective. (February 9, 2019).
- G. Review the baseline four (4) R's of Rigor, Relevance, Respect and Relationships centering on the Holy Habit, Prayer of *Examen* (February 9, 2019).
- H. Design an evaluation instrument to assess the Volunteers Respite Care to Caregivers' growth and development (February 9, 2019).

- I. Conduct a facilitator's training for Volunteer Respite Caregivers and Team Leaders to present the Sustaining Presence of Volunteers Respite Caregivers (February 9, 2019)
- J. Meet with the Volunteer Respite Caregivers small groups from the respective ministries and teams of the Church Without Walls. (February 16, 2019).
- K. Implement small groups Volunteer Respite Caregivers' Team program (February 16, 2019).
- L. Evaluate the Volunteer Respite Caregivers' project and write a reflective paper (March 9, 2019).

### **Organizational Structure and Resources for the Project's Report**

The Project Report will be organized according to the standards set in the HGST Project Manual. Chapter 1, the Introduction, will include the problem statement within the project's context. The focused issue is to understand that, as long as there is a detachment or competing elements with the activity of God, there will be no openness to the Holy Spirit of God; and there will be no Grief Recovery or Completeness. To address the focused challenge, the Project will implement a Volunteer Respite Care to Caregivers program to develop the congregation's skills and discernment to become aware of the invitation of God to join God where God is already at work in life and community in order to serve God during the sojourn with other volunteer caregivers as a sustaining presence, thereby recapturing the identity, value, meaning, and purpose as a disciple of God and as a Volunteer Respite Caregiver.

Chapter II, the Research Chapter, will include a variety of sections and frames from the following list: Biblical, Theological, Historical, Sociological, and Ecclesial (Denominational). Chapter III, Action, will show evidence of tasks completed during the project period, where the project was implemented, by whom, why, how, and when.

Chapter IV, Evaluation, will delineate results from pre- and post-project assessments and evaluations instruments, comparative analysis of participants enlisted and completed, and statistical data analysis summarizing increases or decreases of enrollments, participations, completions, and certificates awarded. Chapter V will include the conclusion to the Project with insights gained and lessons learned.

### **Project Accountability**

Denominational approval will be sought from The Baptist General Convention of Texas, Southern Baptist Convention. The Project Advisory Team will be comprised of Dr. Ralph Douglas West Sr., Senior Pastor/Founder; and Dr. Jewel London, Personal Assistant to the Pastor.

### **Project File**

The Project File will supply materials for the Appendix of the Report, to include Spiritual Gifts Inventories, summaries and findings, curriculum samples from the training and small group programs, and copies of relevant reports and documents.

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